Holiday Read Aloud for Children

THE SATURDAY EVENING POST

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Nov./Dec.'95

Mary Tyler Moore: New Book, Movie, & TV Series

Lysine for Chronic Fatigue Syndrome?

Holiday No-Nos: Avoid High-Arginine Foods

Christmas Collectibles Craze

Dog Training Tips from Lassie

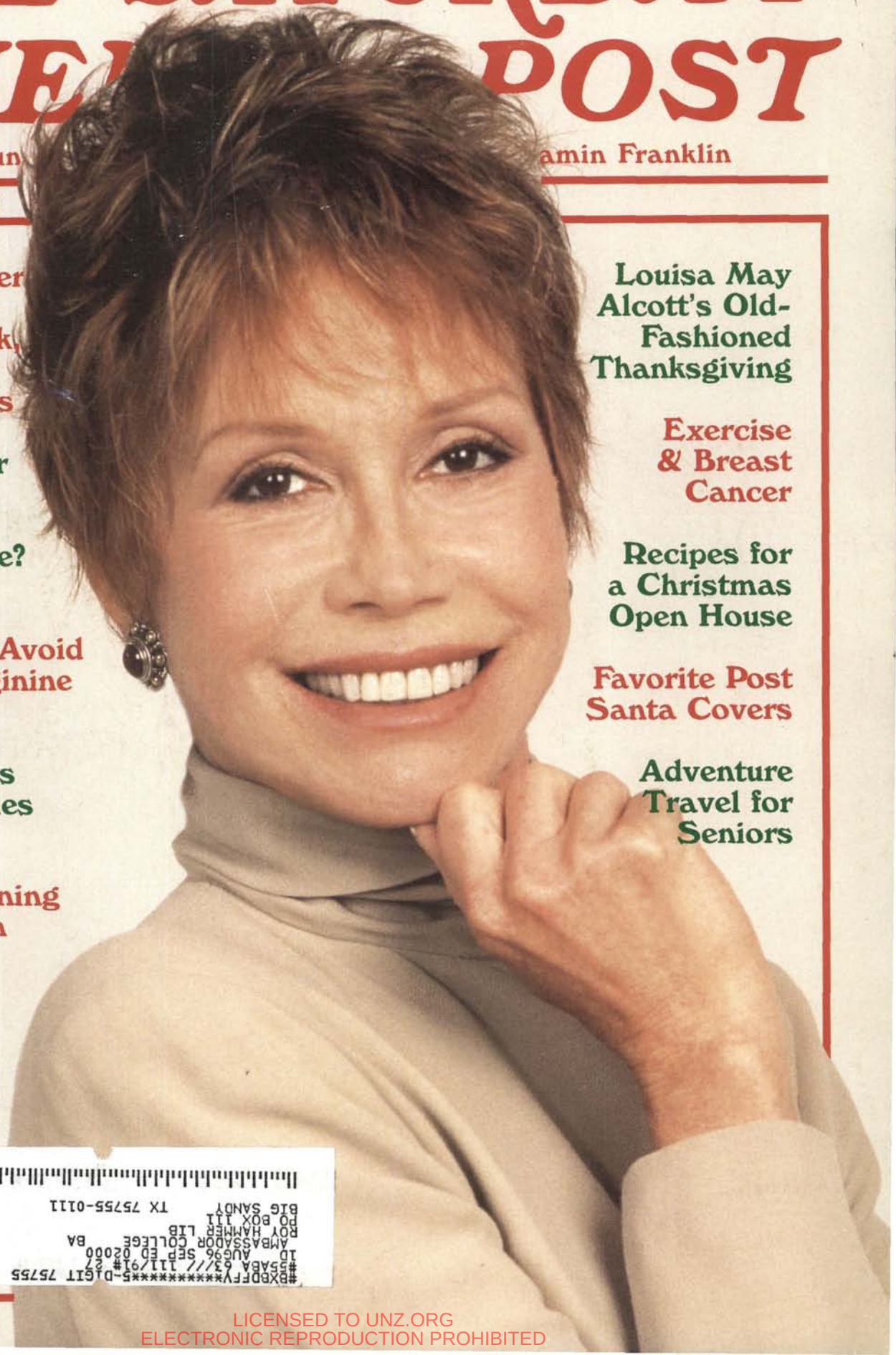
Louisa May Alcott's Old-Fashioned Thanksgiving

Exercise & Breast Cancer

Recipes for a Christmas Open House

Favorite Post Santa Covers

Adventure Travel for Seniors



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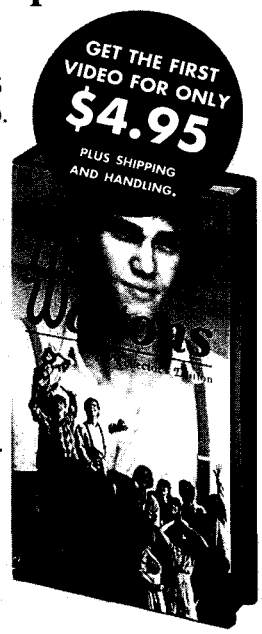

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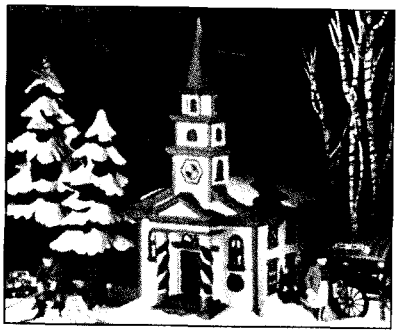

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(Cover photograph by Tony Esparza/CBS)

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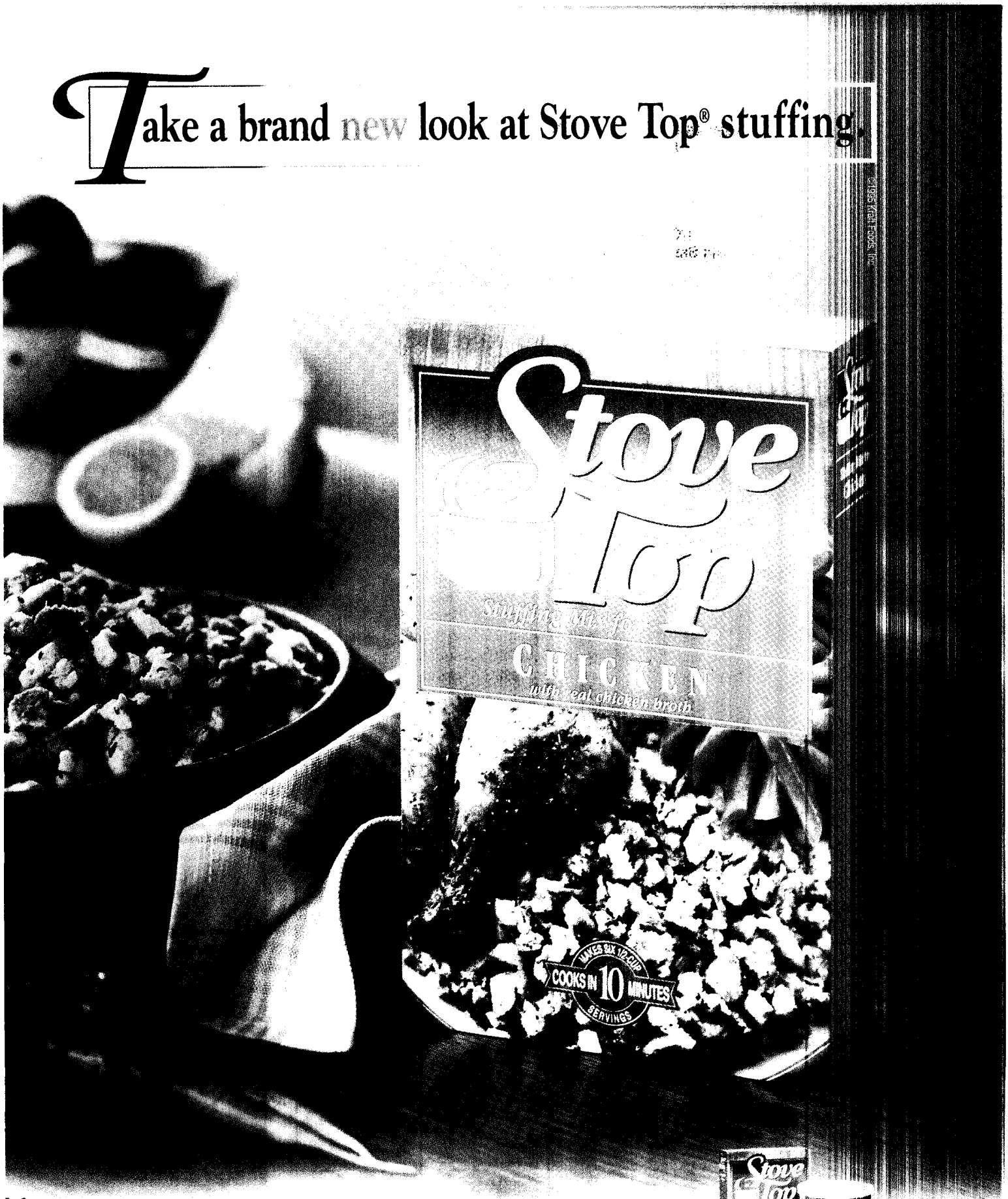

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Letters

Saluting the Legion

I have read with much interest your salute to the American Legion in the Sept./Oct. '95 issue.

This was a grand piece of writing in which the writer has covered all the bases—in other words, told it like it is.

I am very proud of my membership in the Legion. I am the last of the charter members; my membership goes back to 1919 in Fred Hancock Post #19 in Renton.

Again, many thanks for this superb piece of writing.

Lester Hansen
Renton, Washington

Enjoyed your article, "The American Legion: Patriots with a Purpose"—Sept./Oct. '95. But why did you have to spoil it with a picture of the most famous draft dodger in America? Yes, I'm talking about our Coward-in-Chief, Clinton. This comment from the family of a member of the American Legion and VFW who loved his country enough to fight for it, not demonstrate against it!

Marcella Lewis
Mio, Michigan

P. S. on P. S. A.

Thank you, thank you, thank you for "nagging" us women to get our husbands to have the blood test for prostate. My husband had it in April—negative. He had it again in May and June, both positive: a very small but cancerous tumor. Bone scan and CAT scans were negative. Hooray! He starts radiation next week, July 17. We will ever be grateful. And here's my *Post* renewal.

P.S.: He is 76. I am 74 and I'm in great health!

Alice C. Meeker

The Era of the "*Post* Boys"

While reading my May/June '95 issue of your longtime magazine, a golfing buddy of mine tried his best to convince me that back in the '20s and '30s, he hand-delivered your publication on a weekly basis, for which he got a commission of 1½ cents.

Could it be true that 60 years or so ago your publication was a weekly? And not mailed? If so, when did you make changes?

Maybe you've had a short article that I've missed at an earlier time, but

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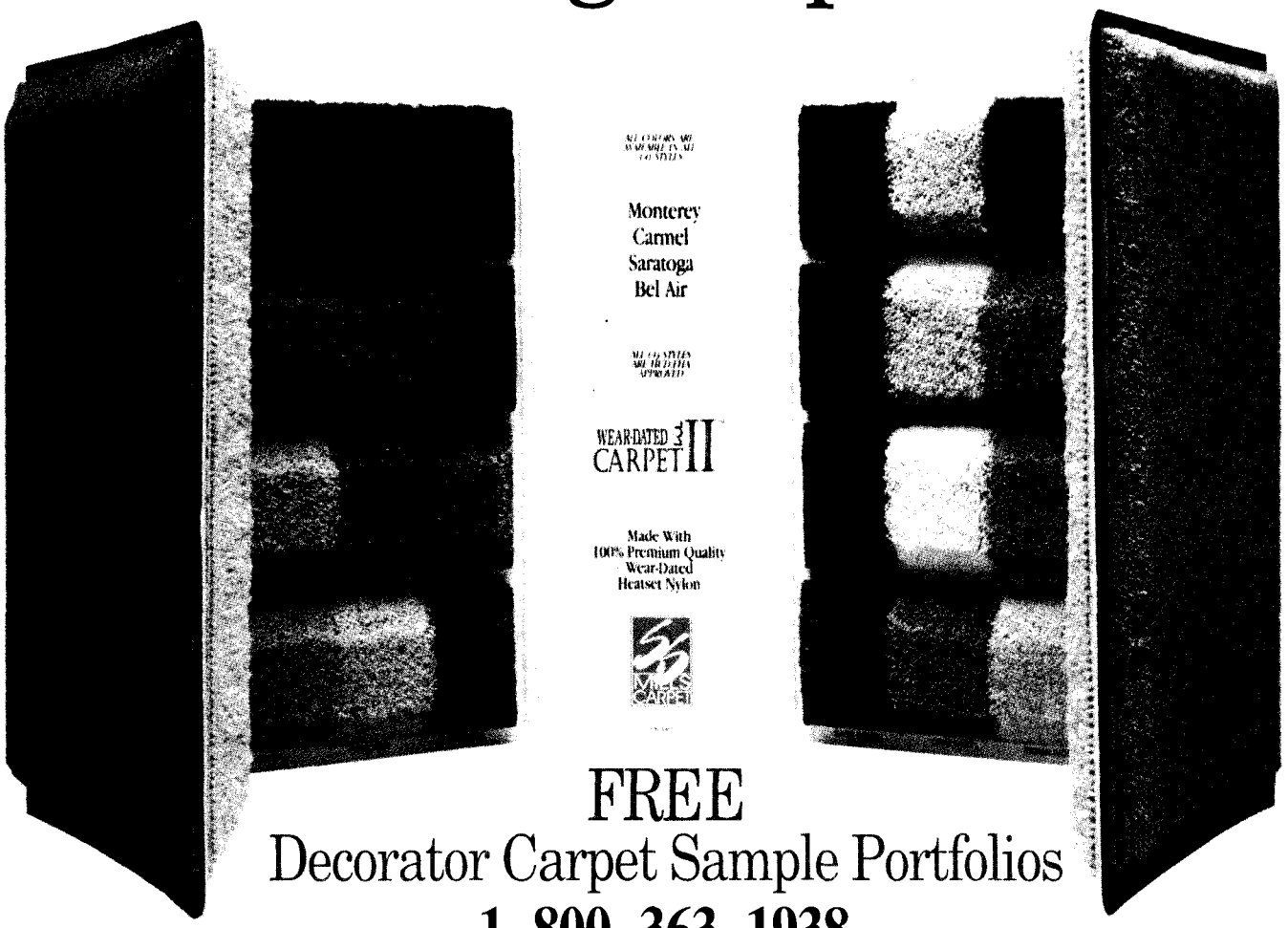

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it just might be that you could insert a little historical article that answers my questions, plus totally covers the entire history and changes that have taken place over the many years of your existence. I for sure would enjoy reading about it.

Philip E. Whiting
Santa Monica, California

Editor's note: The Saturday Evening Post *used the* "Post *Boys" system to deliver its magazines from the 1920s through the 1950s. U.S. Senators, federal judges, and civic leaders from every walk of life are included in the fraternity—and even a few women carried the famous* Saturday Evening Post *bags.*

We're glad you prodded our memory, and we'll do an article on "Our Boys" and the history of the Post *soon. We wish publishers were permitted to employ youths to deliver their magazines, just as newsboys are still permitted to deliver newspapers. Thousands of letters we have received from former little businessmen have convinced us that the "Our Boys" program helped train future leaders.*

Dying Shouldn't Be a Haphazard "Right"

I have always thought that *The Saturday Evening Post* was a reasonable, responsible, moral magazine. Articles like "A Right to Die" (Sept./Oct. '95) make me wonder.

The Physician's Oath should not be changed. The physician should try to protect life. I also think that keeping someone who is "brain dead" alive (is this person really alive? I think not) is not being responsible.

At the same time, suicide, just because "life is not worth living" or "life is a burden," is not proper (Exodus 20:13). You are grasping at straws trying to be politically correct when you say that the Bible's comments on suicide are neutral.

P. A. Bennett
St. Johns, Michigan

I was shocked beyond all measure when I received the Sept./Oct. 1995 issue of *The Saturday Evening Post* and saw the Open Forum article, "A Right to Die" by William H.A. Carr, president of the Hemlock Society of Indiana.

I have several questions: 1) Do you personally support the Hemlock Society? 2) Why did you give so much space to this kind of article? 3) Why did you not start out and give equal space with a "right to live" article?

I can understand why you would print a "letter to the editor" regarding such an approach. I feel that perhaps I have misunderstood the culture which you seem to have supported with the many other articles published in the *Post.*

If you publish another major article which supports, directly or indirectly, policy of the Hemlock Society, I will cancel my subscription.

Robert C. Burns
Mesa, Arizona

Editor's note: The author of the article "A Right to Die" spoke at this editor's Presbyterian Sunday school class. We invited him to present his admittedly controversial views in our "Open Forum" pages, which, like "Letters," reflect opinions that are not expressly endorsed by The Saturday Evening Post.

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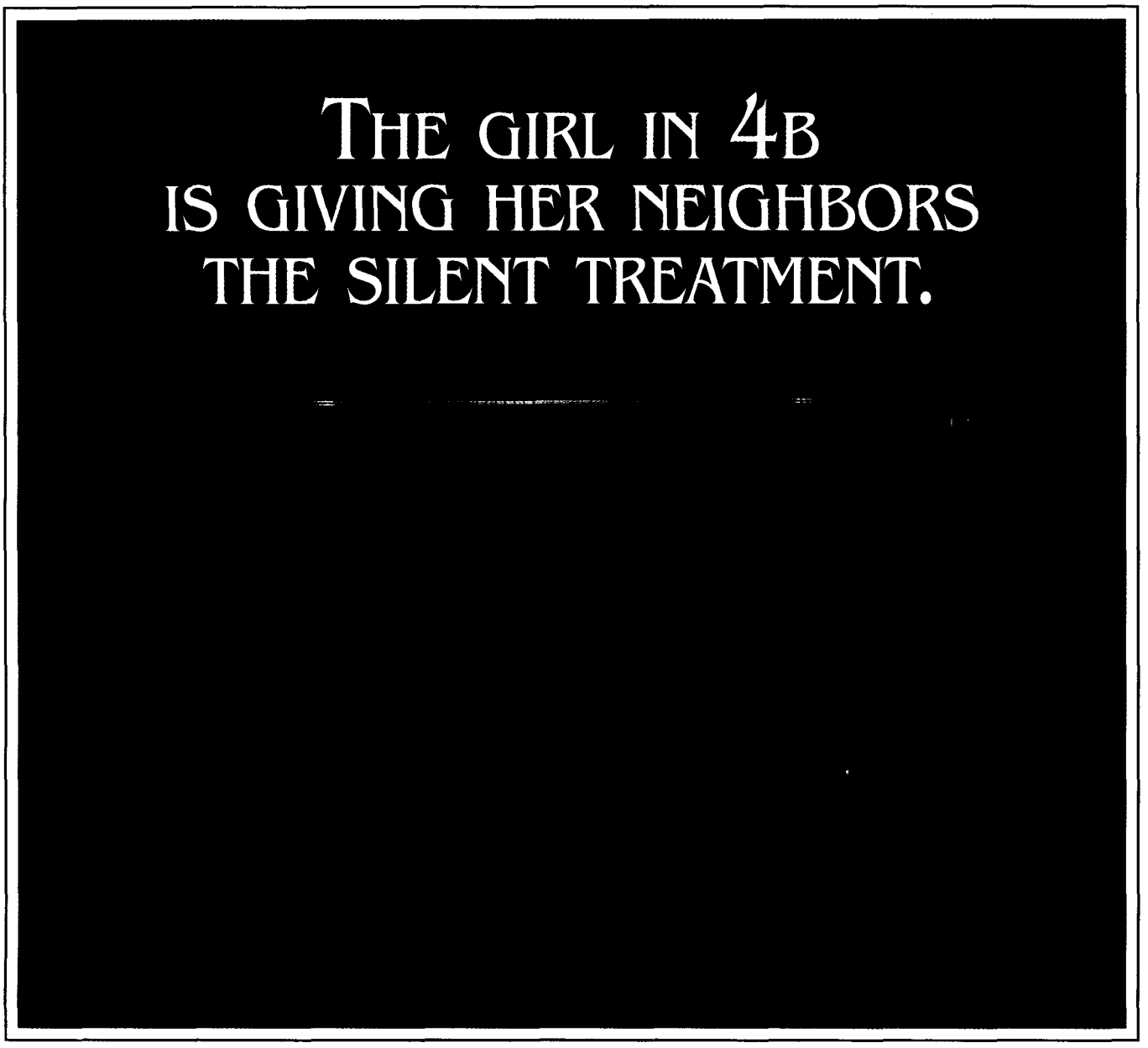

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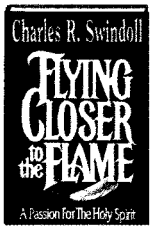

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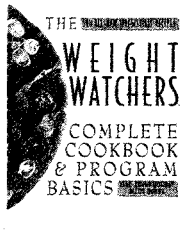

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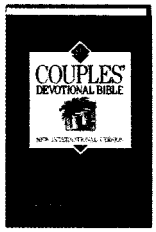

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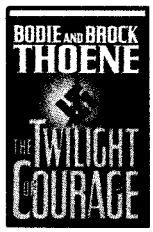

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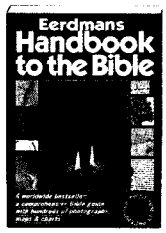

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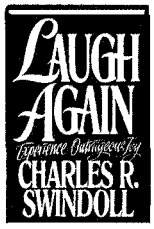

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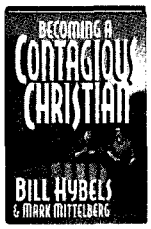

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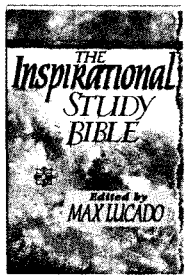

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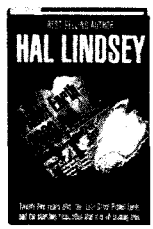

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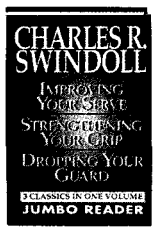

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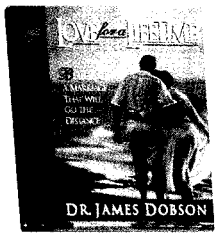

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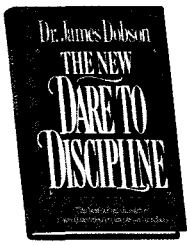

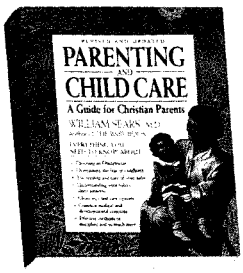

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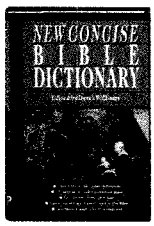

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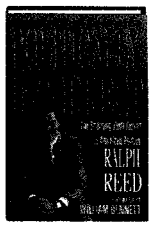

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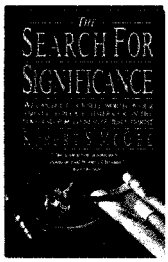

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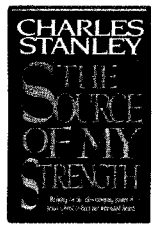

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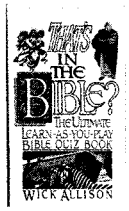

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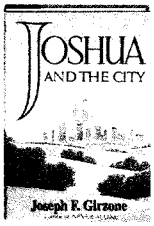

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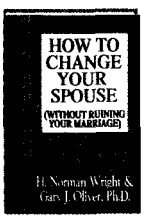

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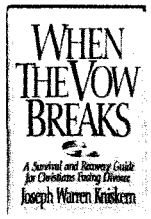

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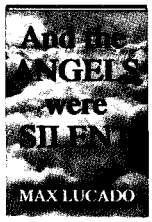

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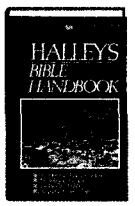

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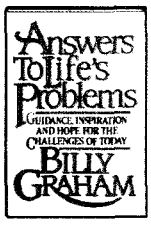

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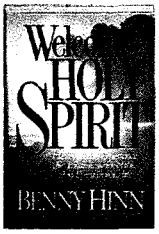

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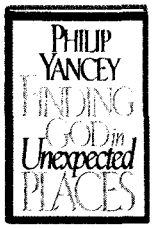

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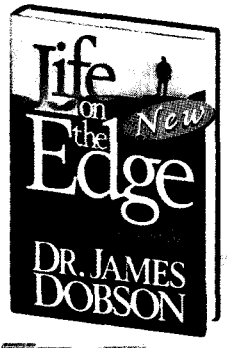

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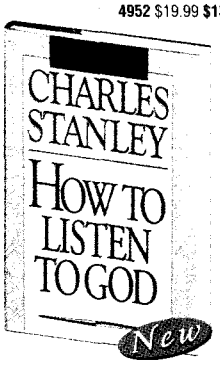

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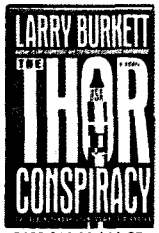

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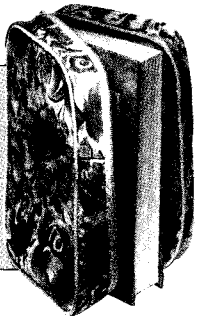

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Doctors Shouldn't Treat Patients in Fear

I have not read a *Saturday Evening Post* in years—but recently I rediscovered it (while having a manicure)!

The July/August issue was particularly interesting with "The Critical Decision—To Intubate or Let Her Die Naturally" by Lawrence Martin, M.D. (Although I did not agree with his decision. Why didn't he let her die naturally?)

I enjoyed other articles and the cartoons—so I bought the Sept./Oct. issue and, to my surprise, found "Open Forum: A Right to Die," by William H.A. Carr.

I am grateful that you are addressing physician-assisted death and end-of-life decisions.

The best way to effect change is through information and education of the public.

We need to change the existing laws that make it illegal for a doctor to help a terminally ill, mentally competent person who has requested his help.

A doctor should not have to be fearful when he cares for his patients.

I'm sure there are many caring, compassionate doctors who do help suffering patients to die, but they take a great risk.

Doctors should be able to perform their services without fear of going to jail.

Vickie Fischer
Tucson, Arizona

Joy to Elders

I have enjoyed the *Post* for many years! I recently subscribed again and am so pleased with the contents. I get lots of magazines, but yours is the best of all!

I am a senior (old-timer 73 years young). Your articles are so helpful to us older folks.

Lydia R. Kiefer
Catawissa, Pennsylvania

Eat Liver or Take B_{12}

Concerning the ingestion or injection of vitamin B_{12} for treatment of pernicious anemia: Going back to "our forefathers in medicine" isn't far enough. Try going back to our forefathers in medicine.

I recollect liver being used as the first substance to control pernicious anemia. The liver was *eaten*, sometimes raw. Later, liver extracts were used. This may be when the injections started, but the first help came from something eaten.

To check this out—and I hope you will—you may need to go to reference books 50 to 60 years old.

I enjoy "Medical Mailbox."

Mary E. Williamson
Hereford, Texas

Editor's note: You are right. We have come a long way since 1926, when Drs. George Minot and William Murphy discovered that feeding patients enormous amounts of liver could reverse symptoms of pernicious anemia and prevent death. It takes many pounds of raw liver to provide one milligram of B_{12}. Dr. Christian Jansen has brought us a step closer. He has found you can give half a milligram of oral *B_{12} daily and avoid the injections. "The human being doesn't exist who needs B_{12} by needle," he proclaims.*

Please see articles in the July/August 1994 issue of The Saturday Evening Post *for more about this discovery. Thank you for giving us an opportunity to remind readers about oral B_{12} for preventing pernicious anemia.*

A Boy and His Dog

Imagine my surprise as I was reading the Sept./Oct. issue of *The Saturday Evening Post* coming to "Tribute to Man's Best Friend," and there I was on page 57.

Mr. Ericson, who painted under the name Eugene Iverd, and I were originally from Erie, Pennsylvania. Mr. Ericson was well known and would come to the schools looking for a particular subject.

I met him one summer day in 1931 while riding my bicycle. He asked me to pose for the picture. I was 11 years old. Mr. Ericson took many pictures (he had a studio in Erie) and made some sketches. I received a check for $3.00 and also was given the overalls and shirt used in the picture.

For years we have had the original cover from the *Post* (that an aunt had saved) hanging on our walls.

I understand Mr. Ericson had an untimely early death while in his 40s. Can you tell us any more about Mr. Ericson (Eugene Iverd)?

The article was very special. Thank you so much.

Richard E. Guthrie
Lt. Col., U.S. Army (Ret.)
Havana, Arkansas

Editor's note: In addition to being an illustrator, George Ericson (a.k.a. Eugene Iverd) taught art at Academy High School in Erie, Pennsylvania. Their archives might reveal the cause of his untimely death in 1936 at the age of 43. Besides the above illustration, Ericson painted 30 covers for The Saturday Evening Post *from 1926 to the year of his death.*

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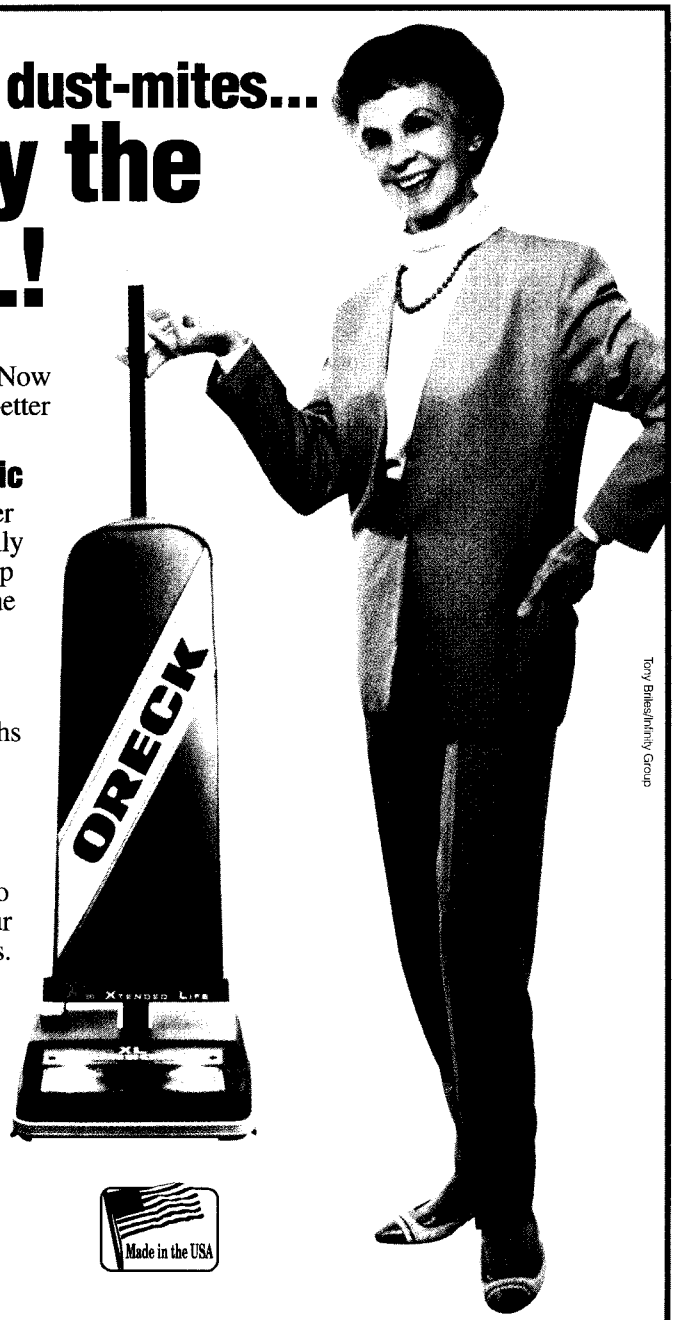

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Post People

Mary Lou Retton, who leapt to fame by winning the individual all-around gold medal in gymnastics at the 1984 Summer Olympics, scored another perfect 10—she and her husband Shannon Kelly, a former University of Texas quarterback, have a baby girl, Shayla.

Can Mary Lou handle motherhood along with her career? No problem. "She's such an easy baby," boasts Mom.

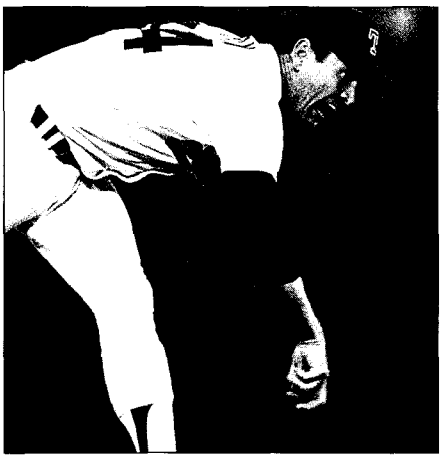
If you ask "What career?" then you haven't been paying attention at commercial breaks. The first woman athlete to grace a Wheaties box also works as a spokesperson for Revco, a drug store chain; Hanes Hosiery; and Tyson's Holly Farms Chicken. She and Kelly also finished the pilot for a children's TV program called "Mary Lou's Flip Flop Shop."

In his fifth full season in the big leagues, pitcher ***Nolan Ryan*** did an amazing thing: he began working out. He had this unheard-of philosophy that strenuous exercise between pitching assignments would give him strength, stamina, and better control of his pitches.

And did the workout "work out"?

No one wracked up more strikeouts, more no-hit games, or played more major league seasons—26 in all. He is said to be a Hall of Fame shoo-in as soon as he's eligible in 1998.

Now retired, Ryan, a banker, cattle rancher, corporate spokesman, and family man, continues exercising.



"I know it kept me going for a long time at the end of my career," Ryan, 48, says. "So I think I can take that and apply it to the aging process in my life right now. To be able to stay active—that's my goal."

A grandmother the keynote speaker at a National Hot Rod Association meeting? If it sounds unlikely, consider that the grandmother is ***Joan Finney*** (left), former Governor of Kansas, who is an outspoken advocate of the sport as a form of family entertainment.

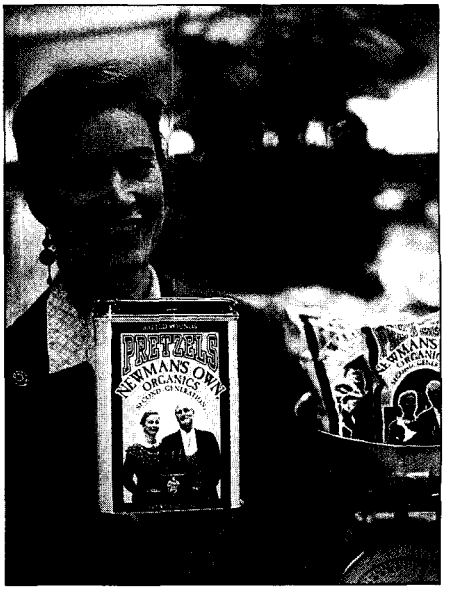
Finney, pictured here with Elizabeth Kraft, executive director of the Indianapolis 500 and Brickyard 400 festivals, recently addressed an NHRA luncheon in Indianapolis on the subject of youthful crime and promoting the sport as a way of keeping young people out of trouble and into something positive.

"Bigger jails and stiffer penalties are not an ultimate solution," Finney

firmly believes. "We need to bring families together so young people do not turn to drugs and crime."

The founders of NHRA, Barbara and Wally Parks, noticed the interest of teens in street drag racing 40 years ago, she said. They helped to "drag" the pastime from the streets into a controlled environment.

"I learned that drag racing is a sport that can provide great entertainment for the entire family," Finney said. "We would take our grandchildren, and now they've gotten to be fans. We are greatly indebted to the Parks for forming the NHRA and making a better world for all of us."



Nell Newman has given a new twist to well-known father Paul Newman's gourmet-food business: pretzels. Not just any old wheat-flavored pretzels. These are organic pretzels, produced in five varieties. The basic recipe, containing ingredients without pesticides or artificial fertilizers, gives the product a "nice earthy taste," writes one food columnist. But pleasing critics isn't Nell Newman's only mark of success.

Since the line developed in 1993, annual sales have tripled. And, following her father's example—he has given all $62 million of his after-tax food profits since 1982 to charity—Nell donated her 1994 after-tax profits to a preservation group that supports endangered birds.

Nell is currently working on her next project—organic chocolate—and dreaming about outselling her dad. "I want to make a lot of money," she says. "I know I could make a difference by supporting the right causes."

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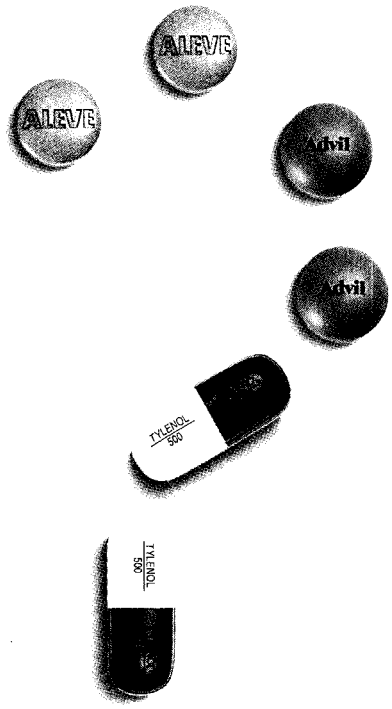

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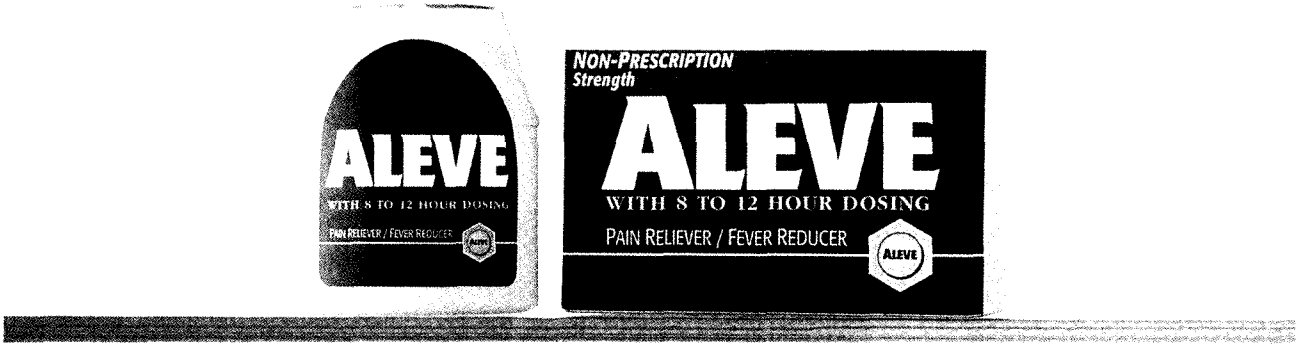

ALL DAY STRONG. ALL DAY LONG.

*Based on a single 2-pill dose pain relief comparison at 11 and 12 hours. **Directions:** Adults: Take 1 tablet every 8 to 12 hours while symptoms persist. With experience, some people may find that an initial dose of 2 tablets followed by 1 tablet 12 hours later, if necessary, will give better relief. Adults over age 65: Do not take more than 1 tablet every 12 hours, unless directed to do so by a doctor. If aspirin- or ibuprofen-allergic, consult your doctor before use. Read consumer leaflet before use. ©P&G 1995

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SOMETHING LIKE ENGLISH

Encountering a new language far from the madding crowd.

by Wen Smith

Illustrated by Don Trawin

Some years ago my wife and I spent a lovely April in the English countryside. We exchanged homes, automobiles, and languages with a British couple who hankered for a holiday in America.

We turned over to them our two-year-old condo in teeming California and flew off to their two-centuries-old farmhouse in Dorset, far from the madding crowd. We considered it an admirable exchange.

The village of Marnhull has no street numbers and needs none. Each house has a name quite its own, and whose is whose is well-known to anyone who needs to know. Ours was the Old Manor Farmhouse, just down the path from the Clock House, and a short walk from the Walnut Tree Cottage.

As the month sailed along, the most delightful part of the trade turned out to be the British language. It's really something like English, once you're onto it.

Learning started with the car. Our Buick at home had left-side steering, a windshield, hood, and fenders. Their Nissan in Dorset had right-side steering, a *wind-screen, bonnet,* and *wings.* It had a *boot*, not a trunk, a *number* plate rather than license plate, and no horn but a wonderful *hooter*, handy for scattering sheep.

Motoring took some practice. Dorsetshire's roads are wide enough for medieval carts and almost wide enough for a Nissan. You are, of course, on the wrong side of everything. My third day I misjudged a turn in a parking lot—that is, a *car park*—and the *wing*-bender cost me 300 *quid.*

The *motorway* to London has no speed limit. Passing is unheard of. It's called *overtaking*, and at 80 kilometers an hour we were regularly overtaken by cars and trucks (that is, by *autos* and *lorries*) doing 98.

Our first meal at the local *pub* introduced us to *jackets*: baked potatoes in full skins, a meal in themselves. I discovered *scones* and *coddled cream*, and wondered how I'd ever again live without those marvels.

Despite its 18th-century origin, the Old Manor Farmhouse afforded most modern conveniences. The *loo* was as up to date as any *water closet*. The *fridge* was the size of a shoebox, so we went frequently to market, one with a charmingly English name: Safeway.

In the *adverts,* what looked like a

continued on page 70

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There are a lot of reasons for impotence.

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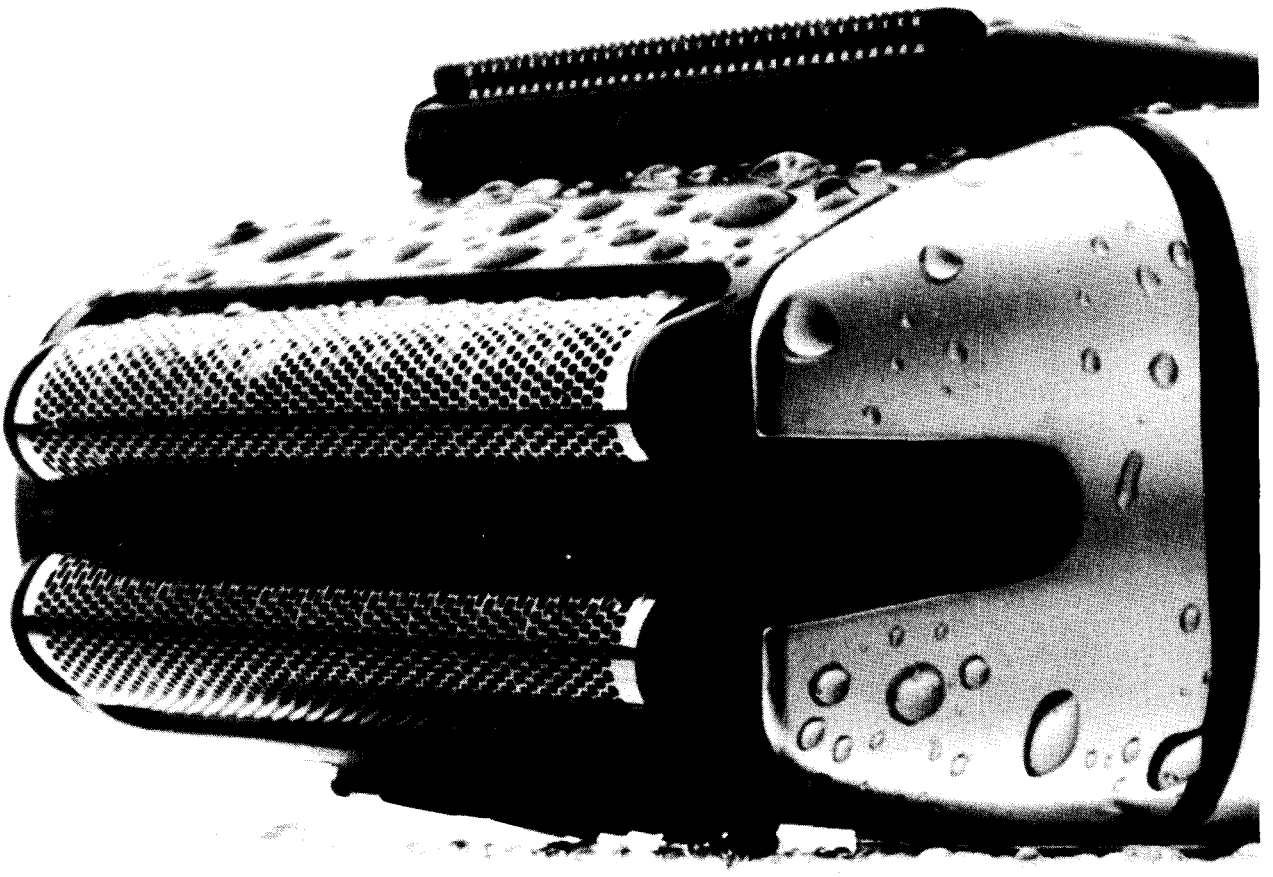

THIS HAS TWIN INDEPENDENT HANDLES BEAUTIFULLY ON IT SHOULD REQUIRE A

Meet the Panasonic Smooth Operator II Wet/Dry Razor. It's an extraordinary piece of engineering technology that lets you decide if you'd like to shave wet or dry.

DON'T TRY THIS WITH ANY ORDINARY PLUGGED-IN RAZOR

Panasonic believes if you're going to spend your hard-earned money on an electric razor, that razor should give you the option of shaving wet with lather, or dry.

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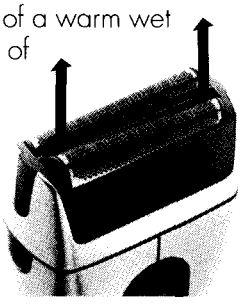

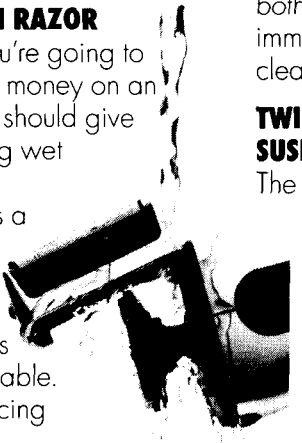

TWIN INDEPENDENT SUSPENSION

The Panasonic Smooth Operator II is equipped with a state-of-the-art twin independent suspension system known as FLOAT CONTROL.™ This allows its two shaving heads to more efficiently follow the contours of your face, moving up and down independently of each other. The FLOAT CONTROL™ system also has a

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SUSPENSION, 8500 RPMs, WET OR DRY SURFACES... LICENSE TO OPERATE.

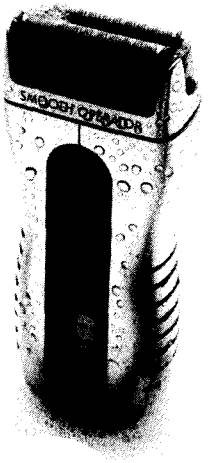
spring action which cushions any sudden pressure changes from bumps or angles of the skin surface. The result is not only a shave of exceptional closeness, but also unexpected comfort.

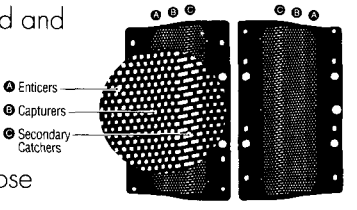
POWER TO SPARE

The Panasonic Smooth Operator II is powered by an advanced nickel-cadmium rechargeable battery which can deliver average operating times from 35 to 54 minutes depending on model. The motor inside represents the latest development in Panasonic technology to make shaving fast and effective.

TRIPLE FOIL PATTERN

The foil on the Smooth Operator II is an engineering marvel within itself. Computer-aided in both design and production, its three-hole pattern incorporates enticers, capturers and secondary catchers. This efficient design helps ensure various hair types are captured and cut. The superthin titanium-coated foil provides sustained sharpness and is extremely durable for close shaving and long life.





The Smooth Operator II is quite an achievement, even by Panasonic standards. It promises to deliver our closest, most comfortable shave available today. And, by allowing you the option of wet or dry shaving, Panasonic gives you what any good high-performance machine should. The flexibility and performance you demand.

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POST BOOKSHELF

SHEDDING LIGHT ON SUPERSTITIONS

Cross your fingers, hold your breath, and count your lucky stars. Now there's a book that explains why we do the things for which we have no explanation.

by Maynard Good Stoddard

Knock on Wood
by Linda Spencer
194 pages, Rutledge Hill Press, $7.95

The complete title of Linda Spencer's soft-cover book reads like this—have you got a minute?—*Knock on Wood . . . Black Cats, Fox Lungs, A Full Moon, & Turtle Bones: A Serendipitous Selection of Superstitions.*

With that, little space is available for this book review. But what the heck.

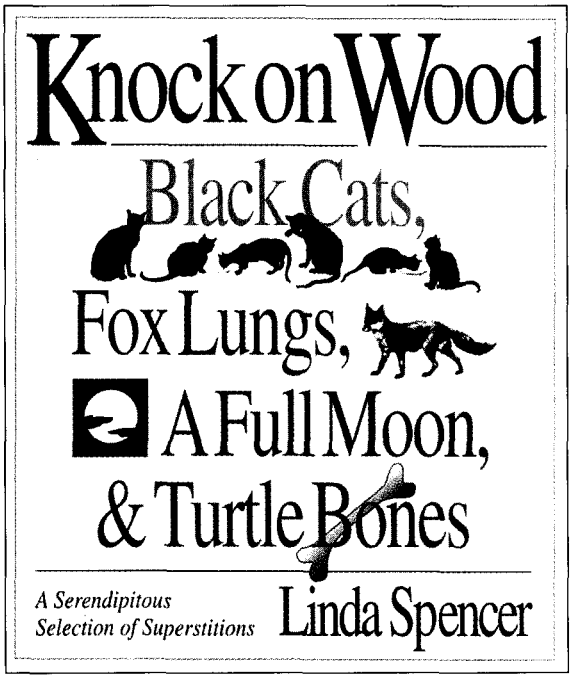
You already know about wedding cakes and fertility, *which* rabbit foot to carry, why walking under a ladder is bad luck, why we knock on wood, feed a cold and starve a fever, and how luck ties in with the sneeze, yawning, hiccups, warts, garlic, a pinch of salt—stuff like that, right? If you don't, *Knock on Wood* can shed some light on these centuries-old superstitions.

About that knock-on-wood bit: the ancients believed gods and goddesses lived in trees. Some of these deities could protect from misfortune; those living in evergreen trees even gave everlasting life. Touching the trees—and, later, wood—was the universal approach to communication with these protectors and lifesavers.

Wedding rings are worn on the third finger of the left hand because that is the "heart finger." Greek and Roman physicians stirred medicine with the heart finger. You could look it up (page 13).

Carrying a rabbit's foot is good luck? Don't be so sure. Unless it's the left hind foot of a rabbit killed at the full of the moon by a cross-eyed person, you might as well be carrying a bunch of lint. Which you may be carrying as it is.

Protection from the evil eye can be accomplished by spitting. If you aren't an accomplished spitter, wearing rings through the earlobes is your next best bet.



How about the oldie of not walking under a ladder? The danger lies not only in having paint spattered on your new Easter bonnet, but also in the fact that you are bothering the spirits who live in the triangle formed when a ladder is leaning against a building. The triangle is sacred. Better that you step into the gutter and risk breaking an ankle.

Do you pull on the wishbone of a turkey in hopes of getting the larger piece so your wish will come true? You might as well be carrying the *right* hind foot of a rabbit. Only the collarbone of a hen or rooster will win the lottery for you. As author Spencer points out, "After all, turkeys are . . . well, turkeys."

Speaking of lotteries, if you would be rich within a year, eat hog jowls and black-eyed peas on New Year's Day. If you'd prefer staying poor, one of the surest ways is by eating both ends of a loaf of bread before eating the middle. Another surefire solution is to let the moon shine into your empty purse.

If you continue reading *Knock on Wood*—and you will—you'll learn that a cold can be cured by tying a *dirty* wool sock, with the grungy side turned in, around the neck. Of course, you might not care to know this. But there it is; take it or leave it.

The book is loaded with equally helpful findings. If you trim your nails on Friday, you won't have a toothache for a month. Sneezing to the left is asking for trouble; sneezing to the right will bring prosperity. Steal a neighbor's dishrag and rub it over your warts . . . presto! Gone. A necklace of garlic bulbs makes a great protector (that's for sure). Though the tiniest bird on the planet, the hummingbird brings the most good luck. Stick needles into a willow tree and you'll never have another toothache (so cut your nails any old time you feel like it). Because you may be reading this at the dinner table, we'll omit the eating of fox lungs (see page 185).

If a single flaw can be found in *Knock on Wood*—and we had to look hard—author Linda Spencer, obviously a woman, doesn't hesitate to take an occasional shot at us of the male persuasion. But if the shoe were on the other foot—no, that might bring bad luck.

Anyway, we can't put a curse on her for having fun with her subject matter. She's entitled. Any financial reward she receives for her labor in collecting and organizing these old wives' tales must be considered a bonus. She surely has been amply repaid by the enjoyment of adding her wit to the 194 pages that make *Knock on Wood* such a breeze of a read.

Some final words of warning, however: THIS IS NOT A LENDABLE BOOK—you'll never get it back.

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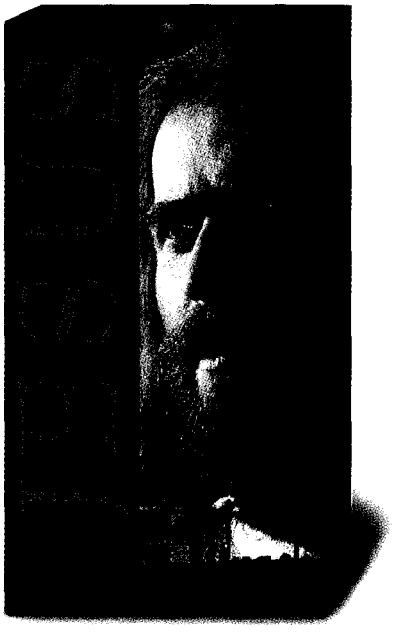
HOME IMPROVEMENT.



It's tough trying to raise a family in today's world where life seems dictated by what's on television or what's coming soon to the silver screen. You start feeling like a victim of the media.

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EXERCISE AND BREAST CANCER

Activity's effect on hormones and immune cells may reduce risk.

by Carol Krucoff

Illustrated by Don Trawin

Most people know that regular exercise can reduce the risk of numerous ailments, including heart disease, adult-onset diabetes, and colon cancer. Now, new evidence suggests that physical activity may help protect women against breast cancer too.

An extensive study of more than 1,000 California women, published recently in the *Journal of the National Cancer Institute*, indicates that moderate, regular physical activity may reduce a woman's risk of developing premenopausal breast cancer by up to 60 percent. The greatest benefits came to women who exercised four hours a week, but even two or three hours of exercise weekly appeared beneficial. The protective effect appeared to be strongest among women who had borne children, but researchers were unsure why.

"Physical activity can have a dramatic effect on menstrual cycle patterns and on the production of estrogen and other sex hormones," notes study author Leslie Bernstein, a professor of preventive medicine at the University of Southern California's Norris Cancer Center. "Since breast cancer is an estrogen-dependent disease, the theory is that exercise reduces risk by lowering a woman's exposure to estrogen."

Bernstein is studying 3,000 women ages 55 to 64 to see if exercise exerts a similar protective effect on postmenopausal breast cancer. If her findings are confirmed by other studies, regular physical exercise could become the first modifiable lifestyle habit women can adopt to help reduce their risk of breast cancer. Other established risk factors include family history and age at first menstrual period, at first full-term pregnancy, and at menopause.

But more data is needed to conclusively prove the link between exercise and reduced breast cancer risk, since previous studies show conflicting findings. For example, a report based on data from the Framingham Heart Study found that physically active women had a slightly higher incidence of breast cancer. "We don't know why this occurred, but it may be related to the fact that data was collected in the 1950s," said Joanne Dorgan of the National Cancer Institute, who published her findings last year in the *American Journal of Epidemiology*.

In contrast, a 1988 study of 5,400 college alumnae, half of whom were former college athletes, found that the athletes had 35 percent less breast cancer and 61 percent less reproductive system cancers, compared to the nonathletes. "The athletes were also leaner in every age group studied, from ages 20 to 80," notes study author Rose E. Frisch, associate professor of population science emerita at the Harvard School of Public Health. "We know that fat makes estrogen, and we know that excessive fatness increases your risk of breast cancer and cancer of the uterus."

In addition to exploring the link between exercise and estrogen in relation to breast cancer, scientists are also studying how physical activity affects the immune system's ability to protect against tumor growth. "Regular, moderate exercise may enhance certain aspects of immune function," says Jeff Woods,

continued on page 70

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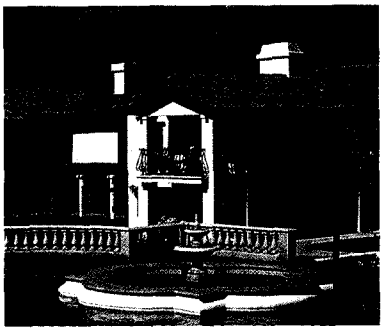

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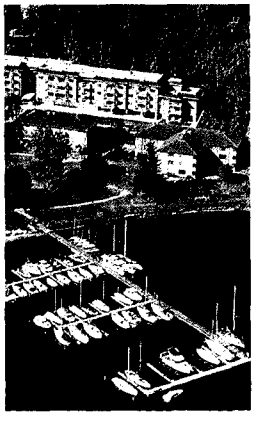

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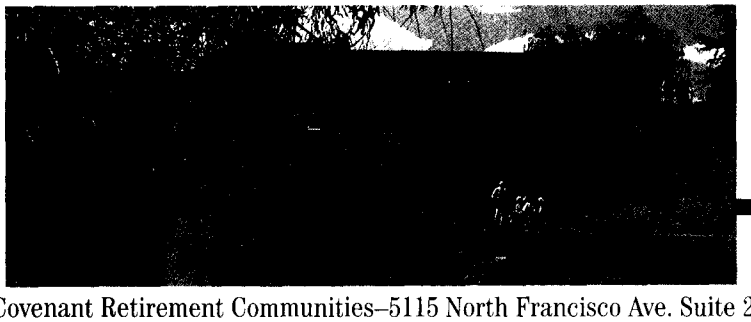

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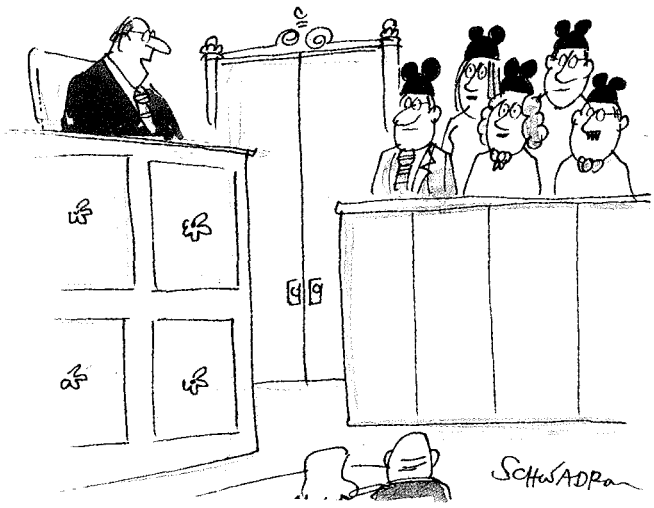
"Uh-oh! They're sending in the swat team."

"I don't know why you call this an 'allowance.' It doesn't allow me to do much of anything!"



"Has the jury reached a verdict in Jones v. Disney Corp.?"

REASONABLY OBVIOUS

"You must forgive Daniel. He's an avid numismatist."

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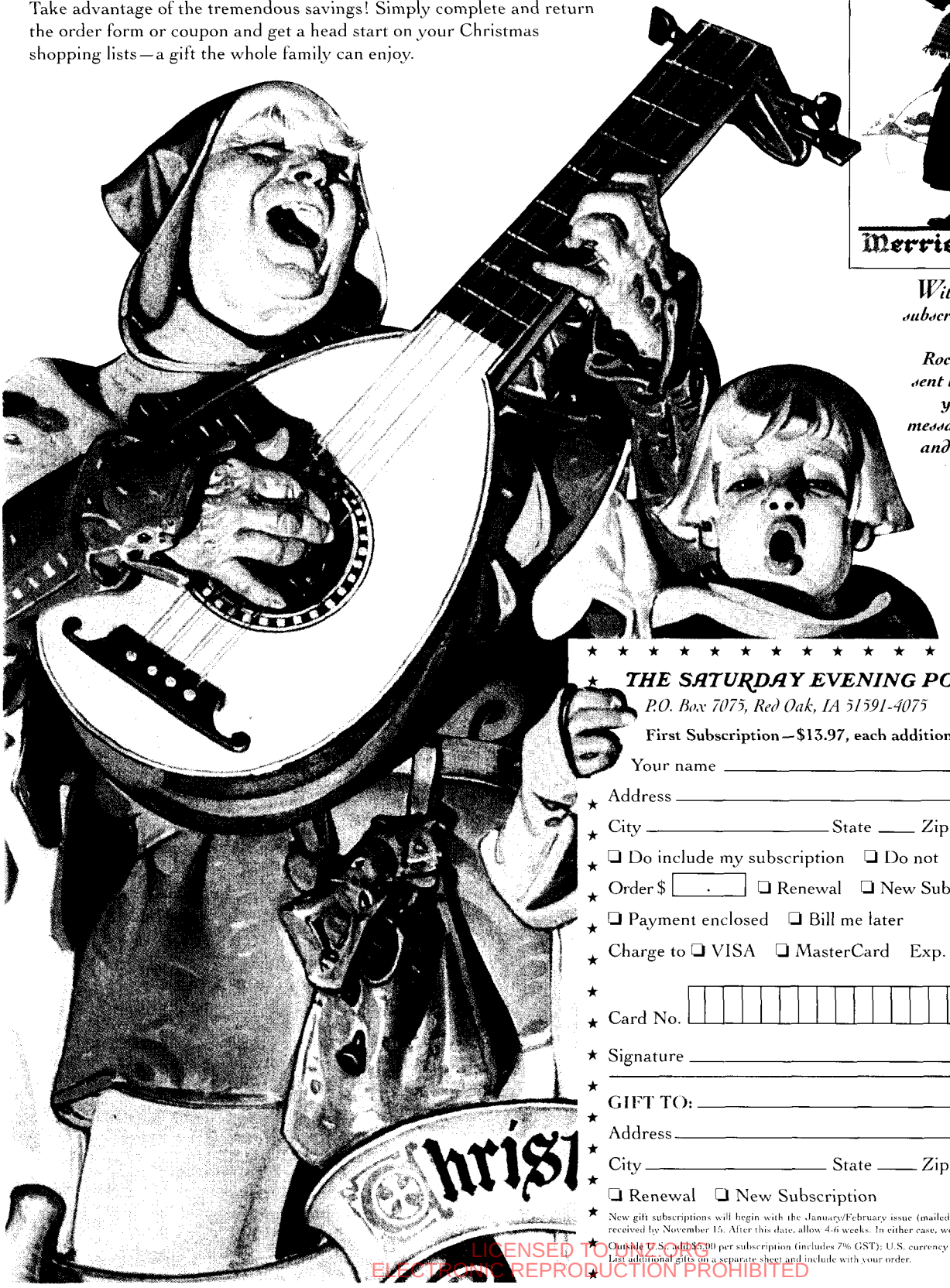

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FOOD

HOLIDAY OPEN-HOUSE BUFFET

Offer guests a hearty welcome this Christmas season with crowd-pleasing dishes that are healthful, delicious, and easy to prepare.

by Patti Olson, R.D.

"Are we doing that again?" my husband always asks. "Of course," is my reply. Our annual open house is a Christmas tradition. Without it, how would I catch up on all the neighborhood gossip that's been collecting throughout the year?

So out go the invitations, and on some night (carefully planned not to coincide with office parties), 60 or so friends and neighbors tromp in for a buffet meal and lots of conversation.

The dishes for this occasion are simple and easy to prepare. Most can be made ahead. The last-minute preparations involve only setting the table, mixing the punch, and taking the stored goodies out of the refrigerator.

Because hot dishes are difficult to keep that way, I rely primarily on cold dishes, such as Turkey Loaf. Those to be served hot, such as Hot Turkey Salad and Cheddar Pumpkin Tart, can be made ahead, kept refrigerated, and reheated for serving. A tasty special bread such as Pumpkin Yeast Bread is always a popular buffet item.

Spicy Cheddar Pumpkin Tart combines canned pumpkin, cornmeal, egg white, and cheddar cheese in a flaky, low-fat pastry shell. It's perfect for a luncheon dish or snack.

Cheddar Pumpkin Tart

(Makes 6 servings)

Crust:

1¼ cups all-purpose flour
¼ cup yellow cornmeal
3 tablespoons margarine
About 4 tablespoons skim milk

Filling:

¼ cup chopped green onions
1 tablespoon margarine
1⅓ cups canned pumpkin
1½ cups evaporated skim milk
1 cup egg substitute
½ cup diced mild or hot chilies, well drained
½ teaspoon nutmeg
¼ teaspoon pepper
1½ cups (6 oz.) fat-free shredded cheddar cheese

For crust, combine flour and cornmeal. Using pastry blender or two knives, cut in margarine until mixture is crumbly. Add milk, 1 tablespoon at a time, mixing until flour is moistened. Shape into ball. Wrap in waxed paper. Refrigerate about 1 hour for ease in handling. Preheat oven to 450° F. Roll out dough on lightly floured surface to fit 1½-quart shallow baking dish. Pat into baking dish; trim and flute edges. Prick inside of crust with fork. Bake 10-12 minutes or until golden. Remove from oven; set aside. Reduce oven temperature to 350° F.

For filling, sauté onions in margarine in small skillet over medium heat about 3 minutes or until tender. Remove from heat. Combine pumpkin, evaporated skim milk, egg substitute, onions, chilies, and seasonings in large bowl. Stir in fat-free cheese. Pour into baked pastry shell. Bake 40-50 minutes or until knife inserted near center comes out clean. Cool 10 minutes before serving.

Per Serving (⅙ tart):
Calories: 309 Carbohydrate: 44.0 gm
Cholesterol: 9 mg Protein: 22.1 gm
Sodium: 411 mg Fat: 4.9 gm
Diabetic exchange: ½ skim milk + 2½ bread + 1 lean meat

Creamed Chicken Supreme

(Makes 6-8 servings)

8-ounce can water chestnuts
¼ cup margarine
¼ cup flour

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1 teaspoon low-salt chicken bouillon
2 teaspoons poultry seasoning
¼ teaspoon nutmeg
⅛ mace
⅛ teaspoon white pepper
2½ cups skim milk
2 cups cubed cooked skinless chicken
2 tablespoons chopped pimiento
3 tablespoons thinly sliced green pepper

Drain water chestnuts; slice thin; set aside. Melt margarine in saucepan; blend in flour, bouillon, and other seasonings. Cook over low heat until mixture is smooth and bubbly. Remove from heat and stir in milk. Bring to boil and cook 1 minute, stirring constantly. Add chicken, water chestnuts, pimiento, and green pepper. Reduce heat to low. Continue cooking 10-15 minutes, stirring occasionally. Serve hot in patty shells or over waffles, toast, or rice.

Per Serving (½-¾ cup):
Calories: 153 Carbohydrate: 11.2 gm
Cholesterol: 33 mg Protein: 13.6 gm
Sodium: 129 mg Fat: 5.9 gm
Diabetic exchange: 1 vegetable + ½ bread + 1 medium-fat meat + ½ fat

Hot Turkey Salad
(Makes 6-7 servings)

1 cup cooked macaroni
2 cups cubed, cooked turkey
½ cup sliced celery
¼ cup slivered green pepper
2 tablespoons minced green onion
1 teaspoon low-salt chicken bouillon
½ cup water
½ cup fat-free mayonnaise
¾ teaspoon salt-free vegetable seasoning
¼ teaspoon ground black pepper
¼ teaspoon dill weed
½ teaspoon basil leaves
1/16 teaspoon red pepper

In 2-quart glass casserole, toss together macaroni, turkey, celery, green pepper, and onion. Mix remaining ingredients. Add to turkey mixture and toss to mix well. Microwave at full power setting 8-10 minutes, stirring twice during cooking time or heat in 350° oven about 30 minutes. Serve hot.

Per Serving (½ cup):
Calories: 110 Carbohydrate: 9.1 gm
Cholesterol: 31 mg Protein: 12.9 gm
Sodium: 180 mg Fat: 2.2 gm
Diabetic exchange: ½ bread + ½ vegetable + 1 lean meat

Wassail for All
(Makes 16 servings)

6 cups apple cider or apple juice
3" stick cinnamon
½ teaspoon nutmeg
1 tablespoon whole cloves (put in a tea strainer or cheesecloth to easily remove)
1 teaspoon fresh lemon rind, grated
3 tablespoons lemon juice
¼ cup honey (not for diabetics)
2¼ cups pineapple juice

Simmer apple cider and cinnamon 5 minutes, covered. Add

continued on page 30

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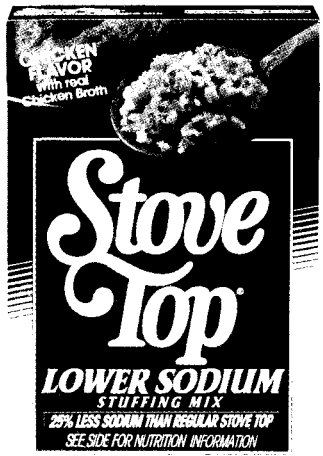

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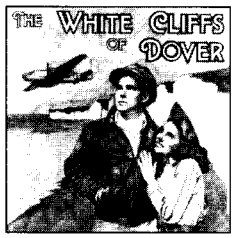

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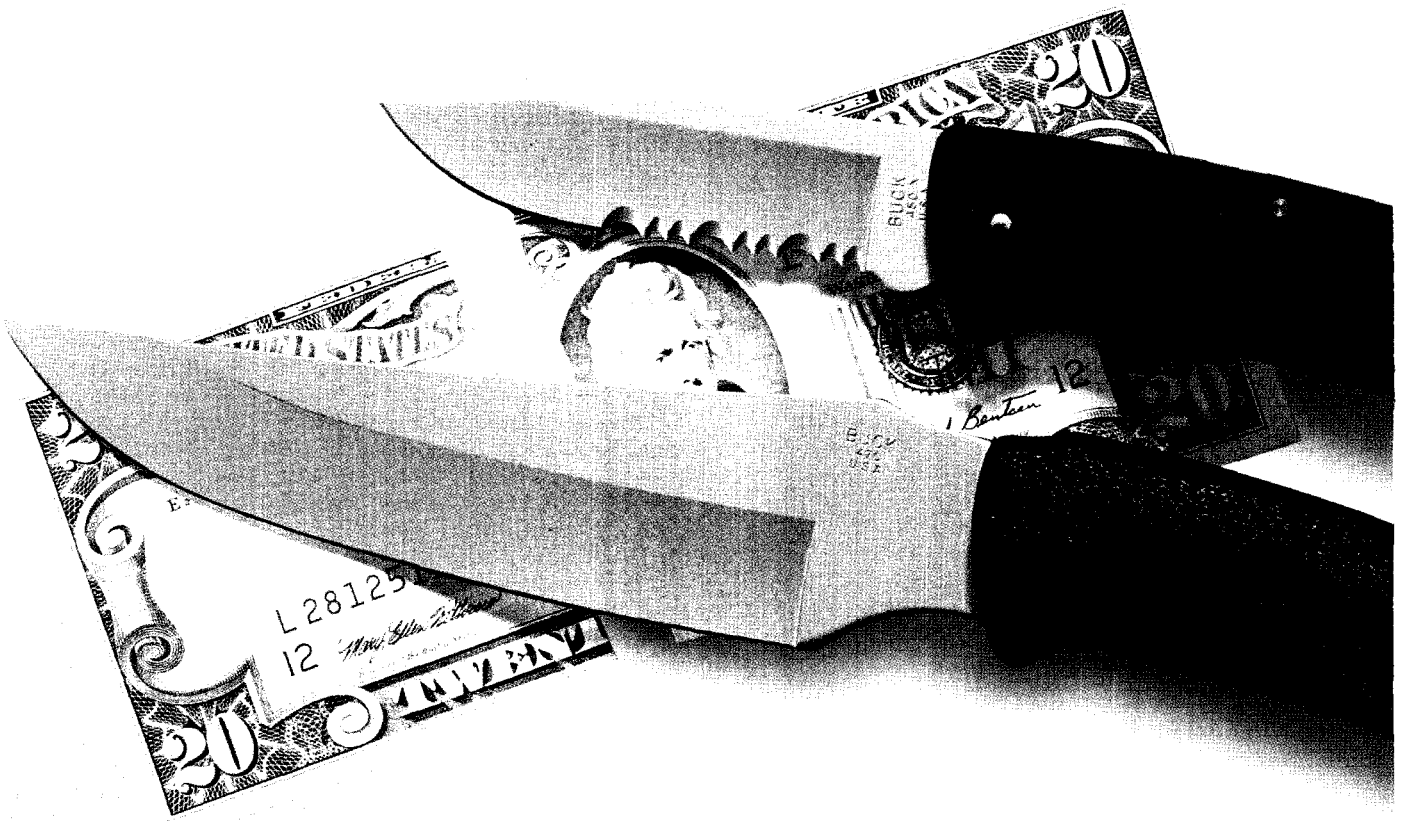

Knives shown at actual size.

Holiday Open-House Buffet

continued from page 27

remaining ingredients and simmer 5 more minutes. Remove cloves. Serve hot.

Per Serving (4 ounces):
Calories: 83 Carbohydrate: 20.3 gm
Cholesterol: 0 mg Protein: 0.1 gm
Sodium: 6 mg Fat: 0.1 gm
Diabetic exchange (no honey): 1 fruit

Six Bean Salad
(Makes 12 servings)

2 cups canned or cooked kidney beans, drained
2 cups canned or cooked lima beans, drained
2 cups wax beans, drained
2 cups canned or cooked red beans, drained
2 cups straight-cut green beans, drained
2 cups canned or cooked garbanzo beans (chick peas), drained
1 large green pepper, chopped
1 large Spanish onion, thinly sliced
½ cup red wine vinegar
¼ cup sugar
¼ cup salad oil
1 teaspoon dry mustard
2 tablespoons parsley
1 tablespoon garlic powder

Combine all beans, pepper, and onion. Combine vinegar, sugar, oil, mustard, parsley, and garlic powder. Pour over beans. Mix well. Marinate 4 hours or overnight.

Per Serving (about ¾ cup):
Calories: 242 Carbohydrate: 36.8 gm
Cholesterol: 0 mg Protein: 9.6 gm
Sodium: 375 mg Fat: 6.0 gm
Diabetic exchange: 2 bread + 1 vegetable + 1 fat
Note: Those on low-sodium diets need to use dried or frozen beans and cook without salt before combining.

Turkey Loaf
(Makes 8 servings)

2 envelopes unflavored gelatin
1 cup water
2 teaspoons low-salt chicken bouillon
3 cups chopped, cooked skinless turkey
½ cup chopped celery
¼ cup sliced stuffed olives
1 cup fat-free sour cream
½ cup white wine (if desired)
¼ cup fat-free mayonnaise
1 teaspoon fresh lemon juice
1 teaspoon salt-free vegetable seasoning
1 teaspoon onion powder
Dash paprika

In small saucepan, soften gelatin in water. Add low-salt bouillon and heat until gelatin melts. Cool. Combine with remaining ingredients. Pour into 1½-quart mold or loaf pan. Chill until firm; remove. Sprinkle paprika on loaf.

Per Serving (1 slice):
Calories: 156 Carbohydrate: 8.8 gm
Cholesterol: 41 mg Protein: 19.2 gm
Sodium: 322 mg Fat: 3.6 gm
Diabetic exchange: ½ bread + 2 lean meat

Italian Cheese Sticks
(Makes about 40 strips)

6 tablespoons low-fat margarine
2 cups (8 oz.) shredded fat-free sharp cheddar cheese
1 cup all-purpose flour
1 teaspoon Italian seasoning
¼ teaspoon salt (if desired)
1/16 teaspoon cayenne pepper
2 tablespoons water

Bring margarine and cheese to room temperature. Beat together until well blended. Combine flour, Italian seasoning, salt (if desired), and cayenne pepper. Add to cheese mixture gradually.

Add water and mix until blended. Form dough into ball. Roll out on floured surface to ¼" thickness.

Cut into 3" x ¾" x ¼" strips or cut shapes with cookie cutter.

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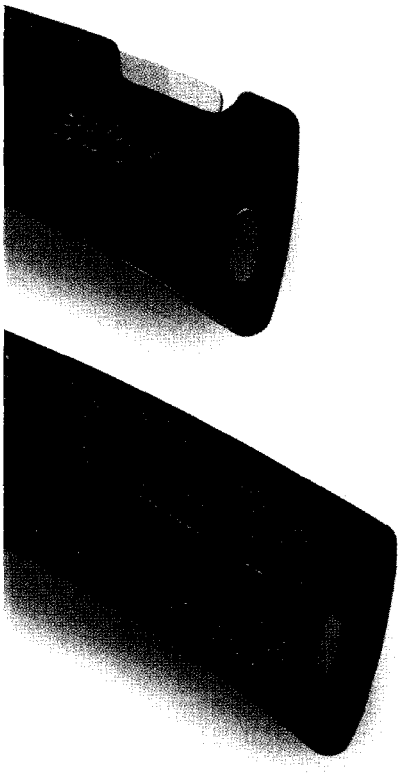

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Serve warm or cold.

Per Serving (1 strip):
Calories: 29 Carbohydrate: 2.8 gm
Cholesterol: 1 mg Protein: 2.1 gm
Sodium: 71 mg Fat: 0.9 gm
Diabetic exchange (3 strips): ½ bread + 1 lean meat

Pumpkin Yeast Bread
(Makes 2 loaves)

½ cup lukewarm water
2 teaspoons sugar
2 packages dry yeast
¼ cup sugar
¼ cup molasses
1 teaspoon salt (if desired)
1 tablespoon pumpkin pie spice
1 cup canned or fresh-cooked pumpkin
½ cup egg substitute or 3 egg whites
⅓ cup oil
1 cup skim milk, scalded and cooled to lukewarm
8 cups flour
1 cup raisins (if desired)

Dissolve sugar in water. Sprinkle yeast over water and allow to stand 10 minutes. Combine sugar, molasses, salt, pumpkin pie spice, pumpkin, and egg substitute. Add to yeast mixture. Stir in oil, milk, and half of flour. Gradually add remaining flour and raisins. Knead until smooth and elastic. Place in greased bowl and cover. Allow to rise until double—about 1½ hours. Punch down and let rise again (1½ hours). Shape into 2 loaves. Place in loaf pans and let rise. Bake at 375° 45-50 minutes.

Per Serving (1 slice, about 12 slices per loaf):
Calories: 231 Carbohydrate: 44.0 gm
Cholesterol: trace Protein: 5.7 gm
Sodium: 109 mg Fat: 3.6 gm
Diabetic exchange: 2 bread + 1 fruit + ½ fat

Pear and Grape Salad
(Makes 12 servings)

6 ripe dessert pears
1 cup fat-free cream cheese
1-2 tablespoons fat-free sweet 'n' spicy French dressing
¾ pound dark grapes
Crisp lettuce

Peel pears, cut in half, and scoop out core with teaspoon. Blend cream cheese with enough French dressing to make it spreadable and coat rounded side of each pear half. Halve and seed grapes and press them into cheese, close together so each pear half resembles a small bunch of grapes. Serve on crisp lettuce leaves.

Per Serving (½ pear):
Calories: 81 Carbohydrate: 15.9 gm
Cholesterol: 3 mg Protein: 3.2 gm
Sodium: 118 mg Fat: 0.4 gm
Diabetic exchange: 1 fruit + ⅓ lean meat

Chef's Salad
(Makes 8 servings)

½ head lettuce or romaine
1 bunch endive or escarole
2 carrots
1 cucumber, sliced
1 Italian onion, sliced and separated
1 avocado, sliced
2 tomatoes, cut into wedges
8 radishes, sliced
1 teaspoon salad herbs
Cracked black pepper

Tear salad greens into bite-size pieces. Make carrot curls. Put salad greens, carrot curls, cucumber, onion, avocado, tomatoes and radishes in salad bowl. Sprinkle generously with salad herbs and black pepper. Toss lightly with your choice of salad dressing.

Per Serving (1½ cups, without dressing):
Calories: 82 Carbohydrate: 9.2 gm
Cholesterol: 0 mg Protein: 1.9 gm
Sodium: 20 mg Fat: 4.1 gm
Diabetic exchange: 1½ vegetable + 1 fat

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A SMALL-TOWN CHRISTMAS

Hundreds of thousands of collectors wait all year long for the holiday season, when they can construct and enjoy little villages and collectibles from Department 56—where small towns are big business.

by Michael Anthony

What could a former Olympic skater, a robotics engineer, a family physician, a security officer, and a plumber have in common? This widely diverse group of professionals, along with thousands of other Department 56 collectors, share a passion for celebrating Christmas by collecting miniature, hand-painted ceramic and porcelain villages—recreating scenes of historic towns, rural villages, and scenic city streets.

Most of the places—The Dickens' Village® or Christmas in the City®—cannot be found on any map. They never really existed, except in the nostalgic realms of imagination and in the heart. Nevertheless, collectors take their creations seriously, each year adding new pieces and eagerly anticipating the time when once again they can reconstruct the fantasyland.

Olympian Dorothy Hamill is one of many celebrity collectors of the popular village scenes—and, of course, the Ice Capades star includes a skating pond in her display.

What often begins as a single house, discreetly nestled under the Christmas tree, evolves into a living, growing little community, filled with trees, motorcars, trams, lighted houses, churches, shops, and town halls. Tiny mailmen deliver Christmas cards and carolers carol across a mantelpiece. Sometimes they fill a whole room.

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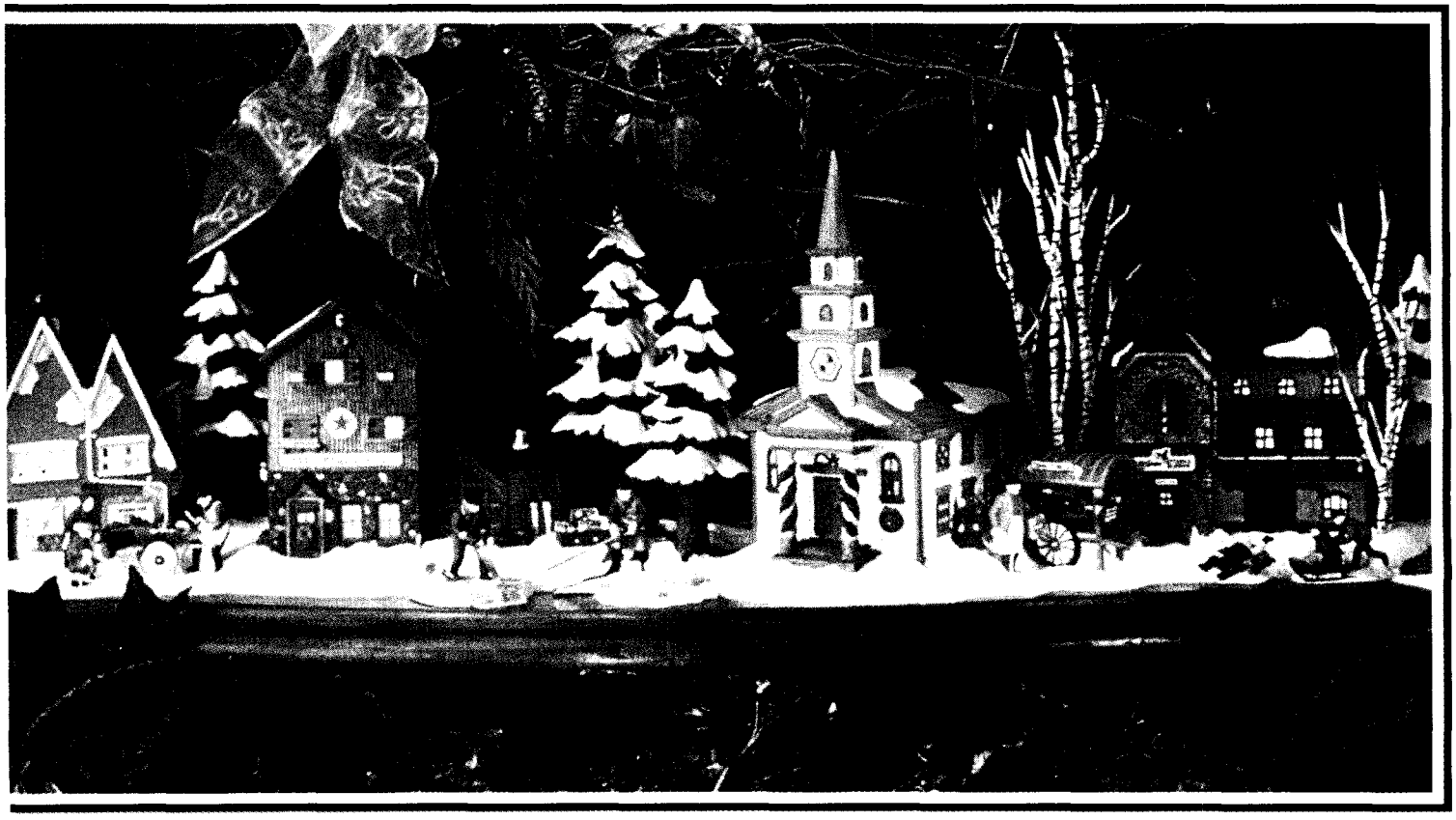

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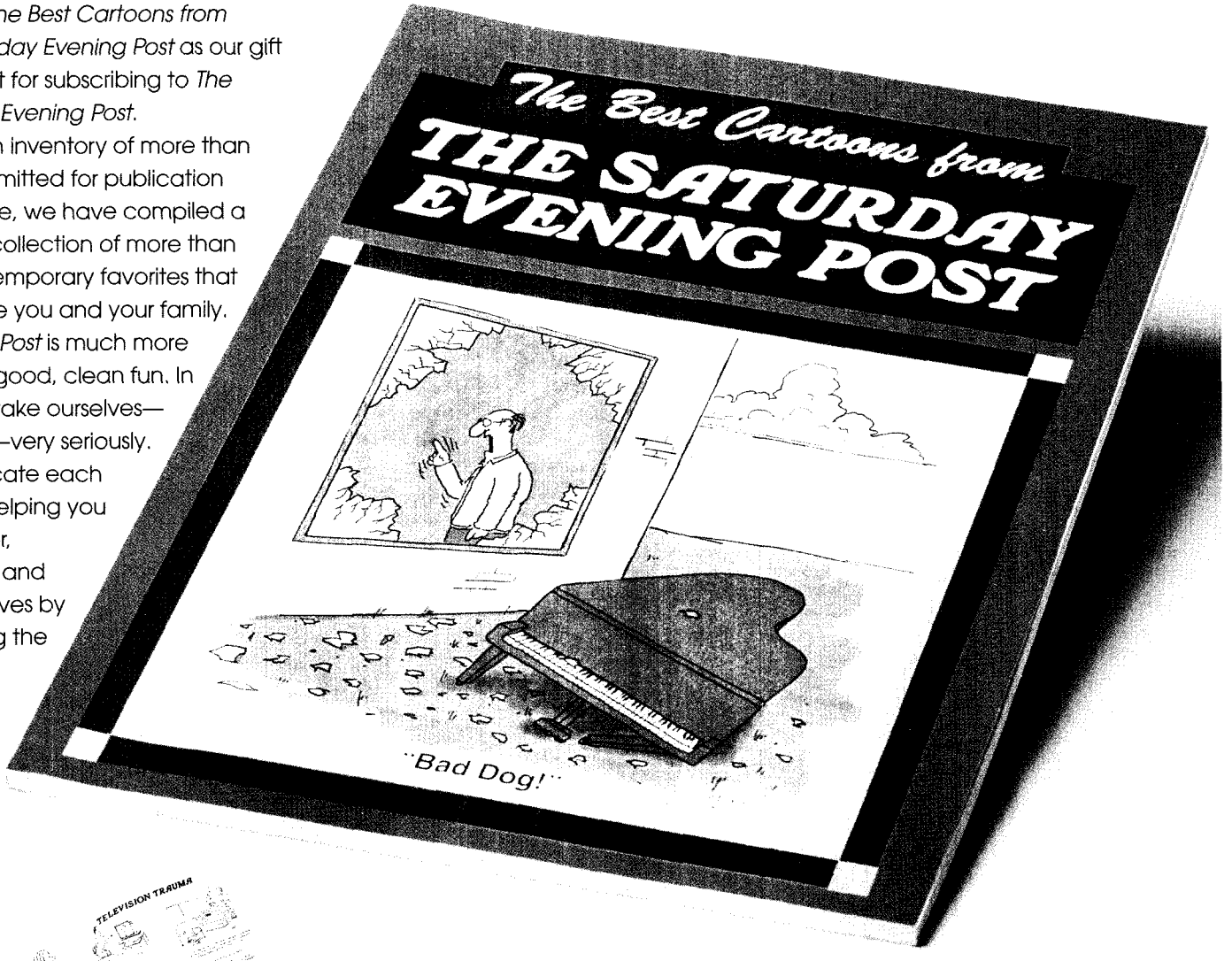

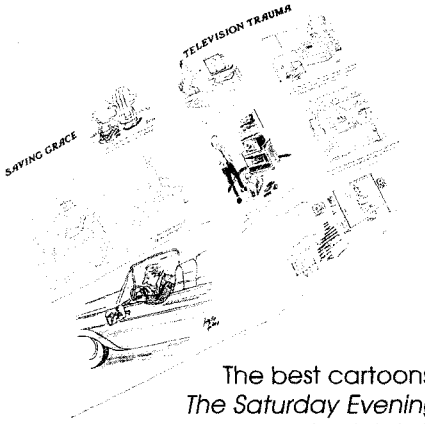

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village collections—colorful, finely detailed villages reminiscent of quaint towns and charming cities where pine wreaths graced the doors and a blanket of snow covered the rooftops. People travel thousands of miles and wait in lengthy lines for the opportunity to purchase just the right home or a discontinued item.

In one of the company's most popular collections, The Dickens' Village, there are glowing street lamps of a Dickensian cast, lights in the windows, and neat rows of Victorian-style homes. The tiny townspeople and streets evoke memories of simpler times—stocking caps, sled rides, and rousing choruses of "God rest ye merry, gentlemen, let nothing you dismay."

One in three people in America collects something, but Christmas decorations are certainly one of the most popular. The reason is simple: for many, Christmas is their favorite season of the year.

"I love all the holidays, but Christmas is the best for me," says Dorothy Hamill, world and Olympic figure skating champion. Hamill admits her mother initiated her interest in collecting Heritage Village.

"My mother had some pieces, and I really liked them, so I bought a few pieces for my mother and friends. I like The Dickens' Village and Christmas in the City best—the Knottinghill Church, Theater Royal, All Saints Corner Church . . . and, of course, the skaters and the skating pond," Hamill says.

Founded in 1976 and headquartered in Eden Prairie, Minnesota, Department 56 could never have anticipated its collections' tremendous growth in popularity. Collectors have grown so numerous that a vast network of clubs and associations has evolved.

Many collectors stumble into the passion quite by accident—and some from the least likely of backgrounds. In Virginia, Bill Gorman, a security manager for a defense contracting firm, had no idea that when his banker wife, Chris, and her father went to a holiday clearance sale that it would turn into a lifelong, and very satisfying, hobby.

"It was 1986, and my wife and her father went out to a post-Christmas sale, thinking they would be buying some animated lawn ornaments," he remembers. "They saw these little lighted houses and, instead of coming home with animated ornaments, arrived with about six houses each."

Eight years later, the Gormans have more than a hundred of these little lighted houses from the four village collections, besides an equal number of accessories. And each year, household members find innovative ways to display their treasured collectibles.

"This year, for example, my wife took a 7½-foot artificial Christmas tree and wired 32 of the houses into the tree," he says. "It took about two weeks."

The Gorman family is also actively involved in the growing network of Department 56 collector clubs across the United States.

"We have about 350 people in the local area, comprising mainly northern Virginia but also some members from Maryland and Washington, D.C.," Gorman notes. "We try to meet roughly eight times a year. It's really turned into a social club. People enjoy the same things, but the common interest there is in the villages. . . . After all, the club comprises librarians, schoolteachers, police officers, attorneys, physicians, and many retired people. And there's even a great number of children involved in the pastime.

"It's a nice, family-oriented hobby, and it has given us the opportunity to meet an awful lot of great people, not only here but when we travel around to different events around the country."

But Christmas is, of course, the time all members eagerly await to show off their collections.

"We do two open-house tours each year. One around the Christmas season," the proud collector says. "We ask visitors who come to see the displays to bring at least one nonperishable item to donate to a food shelter."

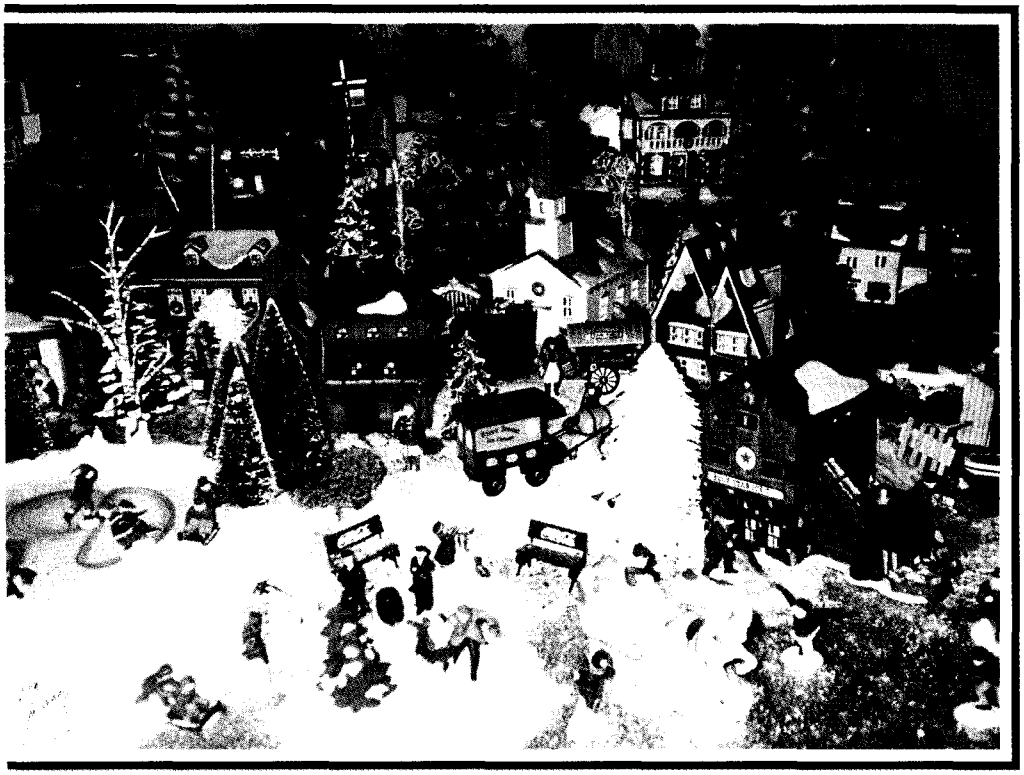
Why are these grown-up professionals—sober, sensible, and somewhat predictable people—fascinated by the fantasy scenes created by the Minneapolis-based Department 56?

Perhaps Bill Gorman expresses this fascination best:

"There is nothing like coming home from a hectic day at the office, turning on the village, and just watching all the little houses light up. Little people stand around in peace and harmony, and you say, 'Boy, things are pretty peaceful there.' You can spend hours just gazing at the scene, imagining yourself as being in there.

"If you add a background tape of people singing . . . people skating on the pond and walking around a park bench, and throw in a moving train, it really takes on the appearance of a miniature village that's come to life. You feel very content to just sit there and watch."

To locate the nearest Department 56 dealer, call 1-800-LIT-TOWN.



The Gormans of Virginia take great pride in constructing their village scenes, adding such personal touches as moving trains and background music to create a Christmas fantasyland that appears as authentic and lifelike as possible.

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- ❑ Wavy (permed)
- ❑ Straight
- ❑ Curly at ends
- ❑ Tight curls all over
- ❑ Straight with a slight wave

Hair Lengths:

- ❑ Ear level
- ❑ Chin length
- ❑ Shoulder length
- ❑ Mid-back
- ❑ Lower back

Skin Tones:

Porcelain, Fair, Olive, Tan, Dark

Sample Hair Colors:

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Other Personal Characteristics:

❑ Eyeglasses ❑ Freckles ❑ Mole

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Season's Greetings from

POST SCRIPTS

The Write Touch

Though I'd never disdain to
be clever,
One thing sets a poet apart:
The line that will live on forever
Is the one that touches the heart.

—E.M. Danforth

Rest Assured

After Thanksgiving,
I always need rest,
Allowing my food
To slowly digest.
I turn on TV,
Find reruns galore,
Thankfully knowing
That I will soon snore.

—Robert J. Gaurnier

Breezy Generosity

The north wind blew through here
last night;
We found his calling card.
Leaves that hung yesterday on
neighbors' trees
Are now in our backyard!

—Audrey Belle Bailey

Fowl Deed

Around holiday time
I become nervous and quirky;
No leftovers for me—
I'm quitting cold turkey.

—Gail Cooke

Words Worth

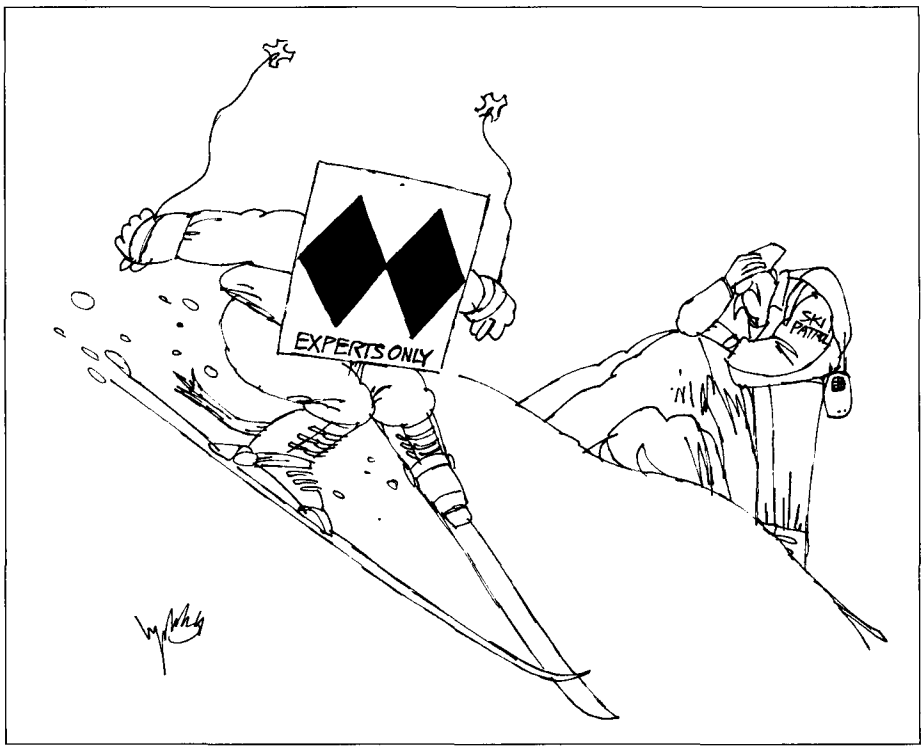
Curious sounds better than nosy;
Flower is not as rosy as posy.
Articulate beats gabby
And cellulite, flabby.
I have this funny affliction:
Words are stranger than diction.

—Regina Riley

Meal Maelstrom

Dishes strewn from stem to stern;
Sauces spilled and kettles burned.
Dabs of food in every pot;
Oh, to keep it or to not!
Butter melted, coffee cold;
Dried bread slices earn a scold.
Table filled and counter near it;
Where to put things so one can
clear it!
Stove left on and burning hot;
Electric bill all gone to pot.
Why do I make such a mess?
Just not organized, I guess!

—Marjorie Bourgeois



Merry Christmas to You, Too

"Your shopping finished yet,
my dear?
Your tree all trimmed?" she purrs.
Is there any doubt that every year
About this time, she'll make it clear
That *hers* is?!

—Maureen Cannon

Virtual Reality

I still have hair. It's silver-gray,
And I'm aware that people say:
"It's debonair. It's dignified."
They must not care my hair is dyed.

—Gene Fehler

On Autopilot

The thermometer is digital;
The clock is wont to chime.
The microwave cooks at a touch;
Quick meals in triple time.
The disposal chews up garbage;
No need to take it out.
The range stands by in
wonderment;
Electrified, no doubt.
The stereo, the VCR,
And everything high tech
Aren't helping make life easier
For grandma—she's a wreck.
She can't remember what she needs
to push
Or where to turn it on,
And if she knew it yesterday,
Today the memory's gone.
A push-button world has passed
her by
And left her on a shelf.
She has one consolation, though;
She runs all by herself.

—Elizabeth Singleton

That's Really Living!

"Get a life!" I was frequently urged,
So now I am pooped from the fling.
That's when I learned "get a life"
And "live it up" simply are not the
same thing.

—Arnold J. Zarett

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Mother's Load

Why won't you do what I tell
you to?
It may be a bother, but I'm still
your mother,
Even though you are 42.

—Dorothy S. Brown

The Skinny on Being Fat

I walk fast, I walk slow;
The old fat just won't seem to go.
I eat less, I exercise more;
I'm just as heavy as before.
I walk further, I walk faster;
My waistline is still a disaster.
The book says don't be in a rush;
A year later, I'm still a mound
of mush.
The scales are my enemy, I know;
The mirror on the wall is a
relentless foe.
My friends see me and try not
to grin.
Useless are my efforts to become thin.
My energy output is up, my intake
is down;
I walk a mile, I gain a pound.

—George A. Stroud, Jr.

Talking Shop

Those who love to Christmas shop
For Yuletide-giving gifts
Must like the jabs and pushes
At counters and in lifts.

I prefer to stay at home,
Keep snug and comfy warm;
Shop by using telephone
Or mail-in order forms.

—Dick Hayman

Socking It All Away

Little Christmas stockings
Many years ago,
Filled with fruit and candy,
Pennies in the toe.

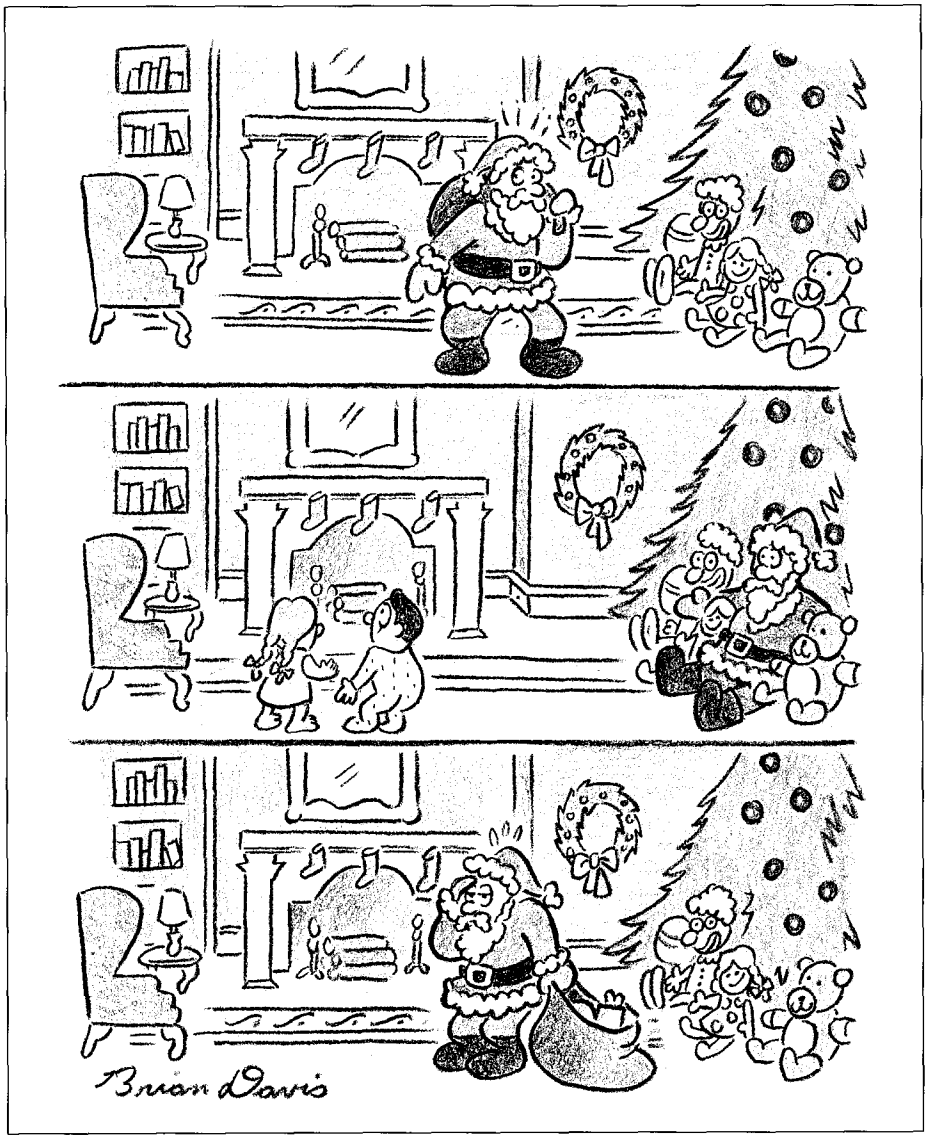
Kids today are wiser;
Poor old Santa knows,
For hanging on the mantle
Are queen-size panty hose!

—Suzanne Bevan

Practical Makeover

"A face-lift," she frowns, as she
points to her brow,
"Would wipe out years of bad
habits."
But it just isn't in her budget
right now,
"So I'll reread *Velveteen
Rabbit*!"

—Patricia Raney



Fountain of Youth

Now there are cosmetics made with vegetables, by Elizabeth Garden.

—Shelby Friedman

Good News, I Guess

My snoring keeps my spouse awake
From midnight until five.
He says he doesn't mind because
It proves that I'm alive!

—Ruth E. McDaniel

Eager to Help

When I answered my door
this morning,
There stood a man neatly dressed;
He said he was a bill collector,
So I gave him the stack on my desk.

—Olga McCoy

T.G.I.S.

Some people are made to work,
while others find time to play.
What determines our status in life,
is really hard to say.
While working all week,
The prayer I repeat is:
Thank God for Saturday!

—Don Uelmen

O Tannen-Balm

Christmas trees, O Christmas trees,
Aggravating allergies:
Sneezing, blowing, scratching,
itching,
Drippy nose and eyelids twitching;
Now that I have found the reason
For this snuffy, stuffy season,
Even though the change seems
drastic,
This year's tree is made of plastic.

—Mary Raymond

Unbeaten and Untouchable

Shadowboxing really
Helps keep me fit—
Which I would not be
If I ever got hit.

—Arnold J. Zarett

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MARY TYLER MOORE: AFTER ALL

After years of hit TV shows and seven Emmy awards, she still likes to "go to work scared"—playing roles that challenge her.

by Audrey T. Hingley

Dressed in a plain print house dress with slip peeking below the hem, the usually sophisticated Mary Tyler Moore looks every inch the middle-aged child-woman character she portrays in *Stolen Memories: Secrets from the Rose Garden*, an upcoming made-for-TV movie.

"Call me Mary," she says, hand extended, brown eyes flashing.

Beneath the facade of her *Stolen Memories* character, Jessie, who has a child's mind trapped in a woman's body, Moore at 57 is still fit and attractive, with the great legs that first attracted attention in the late '50s TV show "Richard Diamond, Private Detective." (She played a phone operator, and viewers heard only her voice and saw her legs.) To millions of fans, she's Mary Richards, the girl who turned the world on with her smile in "The Mary Tyler Moore Show." For others, she's the youthful Laura Petrie in "The Dick Van Dyke Show," where Moore earned two of her seven Emmy Awards. Though a star of film and theater—including the Oscar-winning movie *Ordinary People*—she'll always be Laura or Mary in the minds of TV viewers. Credit "Nick at Nite" and cable reruns.

Moore looks at Mary Richards and Laura Petrie as old friends and says the main difference between herself and the fictional Richards is humor.

"Humor's important to me, and I enjoy using a cutting-edge type of humor. Mary Richards didn't do that," she explains. "Mary was so . . . *earnest*. She was so thoughtful, so careful." She lapses into the familiar Richards persona by leaning forward and looking intent. "She appreciated everybody's humor, but she was not what you would call a funny lady. When I'm with witty, funny people, I try to respond in kind."

Stolen Memories costar Linda Lavin, of "Alice" fame, agrees. Lavin's company, Lavin Entertainment Group, is producing *Rose Garden* in association with The Family Channel. Lavin was once a guest on Moore's short-lived 1979 musical-variety show "The Mary Tyler Moore Hour," but she had not worked with Moore in a drama before the current project. Amid heat, bugs, and chiggers in sweltering Wilmington, North Carolina, the two women became fast friends and a virtual two-woman comedy team.

To prepare for the part of Jessie in *Stolen Memories*, Moore spent time with a woman suffering a similar situation.

"Mary and I love to shop," recalls Lavin, "and we had just done a hospital scene; I was still in my johnny gown from the hospital, and Mary was dressed in her character's little print dress. We decided to visit a dress shop in Burgaw, a very small town near Wilmington that looks like it's locked in the '50s. When we walked in, I told the owner, 'I hasten to explain to you that I have not just escaped from a hospital! We're making a movie.' They believed me until Mary interjected, 'She says that to everybody. And she also tells them she's in the movies!' So now I really *do* look like someone who's escaped from an asylum, and Mary was making sure people believed it!"

The writing, and the fact that the TV movie "is a relationship story," attracted Moore to the role of Jessie.

"It's a story of three old-maid sisters who live together in the South in the 1950s. Their 12-year-old great-nephew comes to spend the summer with them, and the movie revolves around how they affect each other's lives," she explains. "During the summer, the nephew unravels a dark secret that has cast a shadow over their lives for years, and by the time the movie ends, everybody has changed for the better, in one way or another. I wanted to do it because I like to go to work scared. I don't like to go to work anymore knowing what I'm going to do. I enjoy playing roles that challenge me."

To prepare for the role, Moore's husband of 12 years, cardiologist Dr. Robert Levine, arranged through a medical colleague for Moore to spend time with a woman suffering a situation similar to that of Jessie.

"I was able to observe her, yet also be reminded by the neurologist that everyone reacts [to a brain disorder] differently," she says. "So I could pretty much design the character I'm playing, which is essentially a six-year-old child. I get to experiment, within the plot guidelines, with no restrictions, because a six-year-old doesn't set restrictions for herself."

But Moore's most challenging role has been in facing personal tragedies. She once described her life as "predictable, prescribed, and controlled," but all that changed in 1979 when her sister died. One year later, she lost her only son, Richard Meeker, Jr., 24, when he accidentally shot himself. Six years ago, her brother succumbed to kidney cancer. Three years ago, she lost her mother. Her father lives in

continued on page 66

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"I have thoroughly immersed myself in every job I've tried," Moore says. Her latest is the role of a newspaper publisher on the new CBS series "New York News."

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READ ALOUD FOR CHILDREN

OLD-FASHIONED THANKSGIVING

With parents called away, the children take over the task of preparing the long-awaited meal.

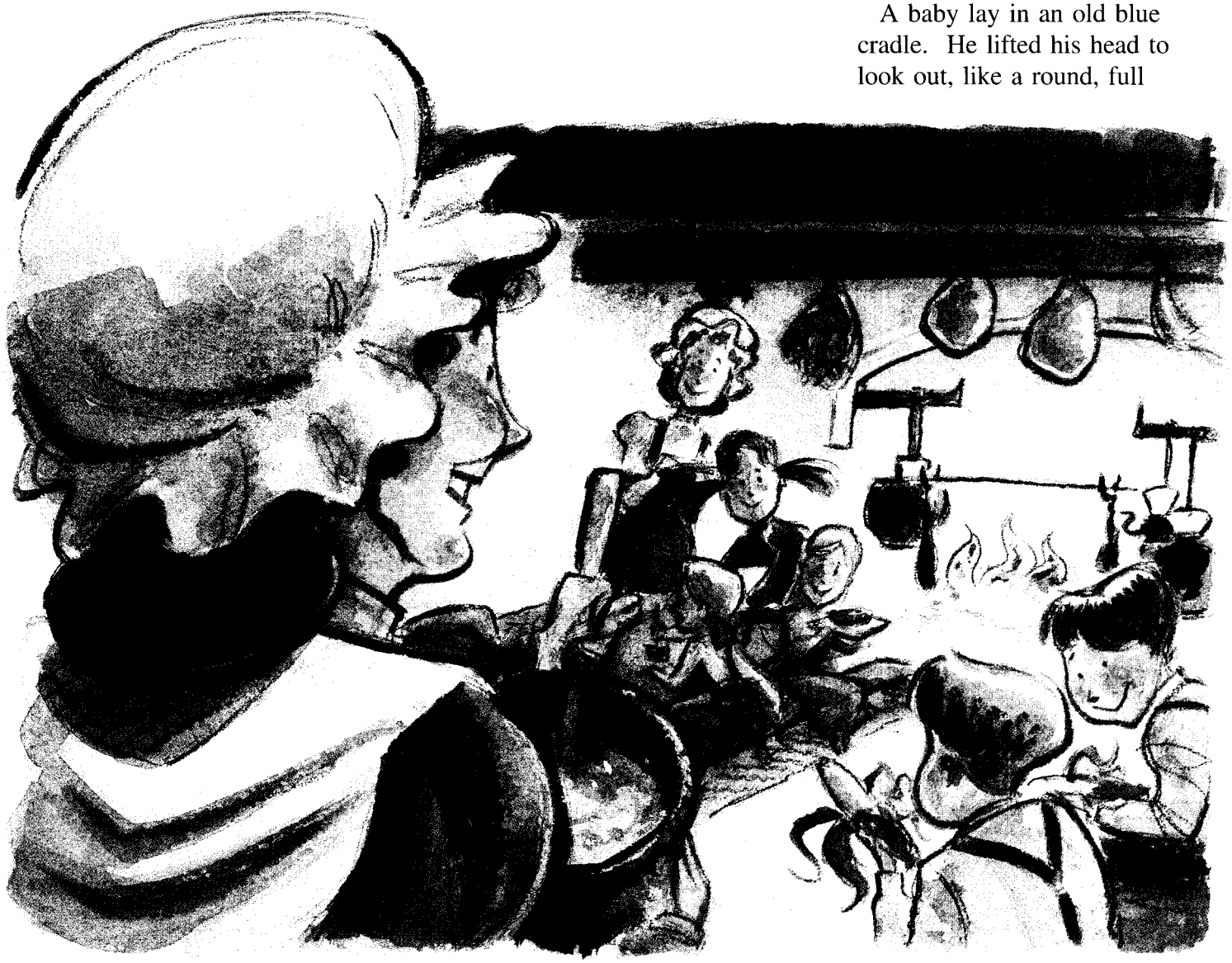
by Louisa May Alcott

Condensed and adapted by Nancy S. Axelrad

Illustrated by Jimmy Holder

Many years ago, in the New Hampshire hills, lived Farmer Bassett and his wife with their eight sons and daughters. November had come; the crops were in. On the walls hung garlands of dried apples, onions, and corn. From the beams shone crook-necked squashes, hams, and dried venison. The air was full of delicious smells. Steaming kettles hung on a small crane; down among the embers in the fireplace, saucepans simmered.

A baby lay in an old blue cradle. He lifted his head to look out, like a round, full



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moon, as his brothers, Solomon and Seth, sat on a bench shelling corn for popping. At the long table stood their sisters, Tilly, Prue, and the younger twins, Roxy and Rhody. They were chopping meat, pounding spices, and slicing apples. Eph, the oldest boy, was doing chores outside.

"I wish that it was Thanksgiving every day," Solomon said.

"Sakes alive, I'm glad it only comes once a year. I'd be worn out with all this extra work on top of my winter weavin' and spinnin'," said Mrs. Bassett.

"I'm sorry that Grandma is sick and we can't go there tomorrow as usual," said Tilly, who was 14 and the oldest girl.

Roxy and Rhody agreed that it would be lonesome without their cousins and aunts.

"I don't care much for games and singing anyway," said Prue, who loved to be in her own cozy nook.

Just then, a stranger on horseback trotted into the yard. "It must be Gad Hopkins. Pa told him to bring us some oranges!" Sol shouted.

To everyone's disappointment, it was not Gad but a stranger with a message for Farmer Bassett. Mrs. Bassett saw the serious look on her husband's face and ran outside, crying, "Grandma must be worse!"

Indeed, old Mr. Chadwick had asked the passing stranger to tell Mrs. Bassett that her mother was failing fast.

"Hitch up the horses, Eldad. We'll leave right away," Mrs. Bassett said to her husband.

As she hurried inside, her head was in a jumble of turkey, sorrow, and cider applesauce. A few words told the story. "I'm very sorry," she said to the children. "It can't be helped. You will have to look after the house while we're gone."

The sleigh was brought to the door in a jiffy, and Mrs. Bassett, wearing her cloak and holding the baby in blankets close to her, stepped inside.

"Eph, you look after the cattle and keep the fires going. There's a storm brewin'," said Mr. Bassett.

"Tilly, put extra quilts on the beds tonight," instructed Mrs. Bassett. "I'll come back as soon as I can leave Mother. Pa will come home tomorrow for sure."

"Yes, Ma. Good-bye!" called the children.

Tilly ordered about the younger children while Eph strode into the field. Soon everyone forgot about poor Granny. Time passed quickly. When the clock struck nine, the children went to bed. Tilly fell asleep as snowflakes sifted through cracks in the roof and across her coverlet.

When everyone awoke early the next morning, it was still snowing. The children leaped downstairs with cheeks glowing like apples, after a brisk scrub and scramble into their clothes. Eph went to the barn, leaving Tilly to cook breakfast.

"Now about dinner," Tilly said as the earthen bowls stood empty. "I can roast a turkey and make a pudding as well as anybody. The pies are done, and if we can't boil vegetables, then we don't deserve to eat."

"Yes, yes! Let's have Thanksgiving dinner!" the boys cried eagerly.

"Did you ever roast a turkey?" Roxy asked Tilly.

"You will see what I can do. All you have to do is keep out of the way."

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Tilly and Prue rolled up their sleeves and put on aprons. "The turkey is ready except for the stuffing, and roasting is easy," said Prue.

Tilly eyed the immense bird on the platter. "He's so big. I'm afraid of him."

Prue laughed. "I fed him all summer and he never once gobbled at *me*. I feel mean to be thinking of gobbling him."

She set the long spit in the tall andirons and put the dripping pan underneath. Tilly attacked the plum pudding. In went a lump of suet and fruit with all sorts of spices to be sure she got the right ones. She forgot the sugar and salt and tied the mixture in the cloth so tightly that it had no room to swell and would be hard as stone.

"I can't remember what Ma puts in the stuffing besides salt and pepper," Tilly said.

"It's some kind of mint, I think," said Prue.

"Seems to me it's marjoram. The best is in the attic. Go get some while I mash the bread," commanded Tilly.

Away went Prue, who took catnip and wormwood by mistake and scattered them on top of the bread.

Tilly sniffed it. "It doesn't smell right."

"It will when the turkey is cooked," said Prue. Her nose was too full of the smell of peeled onions to smell the bitter herbs.

By noon, everything was ready to be cooked, and burnt cranberry sauce sat cooling in the shed.

The girls set the table and laid nuts and apples at the corners. They left the place of honor in the middle for the oranges yet to come.

"It looks so beautiful," said Prue when the younger children burst through the door.

"A bear is coming!" they screamed.

"We heard a growl," explained Sol. "I saw him looking over the wall," Seth added. "He's big and shaggy," said Roxy, clinging to Tilly as Rhody hid in Prue's skirts.

"He'll eat us, if he gets in," said Sol.

The twins dashed upstairs to hide under their mother's bed.

Prue went to the hearth, bent on dying at her post rather than leave the turkey. Brave Tilly stood with Eph at the open window and watched the beast coming up the yard. He was growling horribly.

Prue covered her ears as the small boys crouched among the pumpkins. Tilly waited for the bear to step closer. Then, lightning-fast, she flung open the door and dived toward the creature. The awful growl changed to a "haw-haw!"

"It's Gad Hopkins trying to fool us!" cried Tilly. "Gad, you scared us!"

"I didn't mean to," Gad said sheepishly. "My sleigh overturned in a ditch, and the old horse went home without me. I tied the buffalo skins on to make 'em easier to carry. When the children saw me, they ran like partridges."

He drew a dozen oranges from a deep pocket and fired them into the kitchen. Eph ducked. Prue screamed, and Sol and Seth tumbled over the pumpkins.

"Come in and have dinner with us," said Tilly. "Prue and I made it ourselves."

"Wish I could, but my folks are expectin' me. When they see

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the empty sleigh, they'll wonder what happened."

As the boy departed, Tilly returned to the kitchen. "The turkey is burned on one side!"

"I couldn't think of food when I was about to be eaten alive myself, could I?" pleaded Prue as two sleighs pulled into the yard.

"Here's Pa!" Roxy called out.

"I see Aunt Cinthy and Cousin Hetty—and there's Mose and Amos," Rhody said.

"Guess Grandma's dead and come up to be buried here," said Sol. "Isn't Grandma dead?" he asked in the midst of kissing and handshaking.

"Bless you, no!" said Mrs. Bassett. "Deaf old Mr. Chadwick got the message wrong. When we got to Grandma's, she was sitting up perky as could be."

Mr. Bassett smiled at the table. "What put it into your head that we were all coming?"

Tilly tried to explain modestly. But the other children broke in, singing her praises in an odd chorus of bears and oranges. At once, the meal began, and Cousin Mose nearly choked.

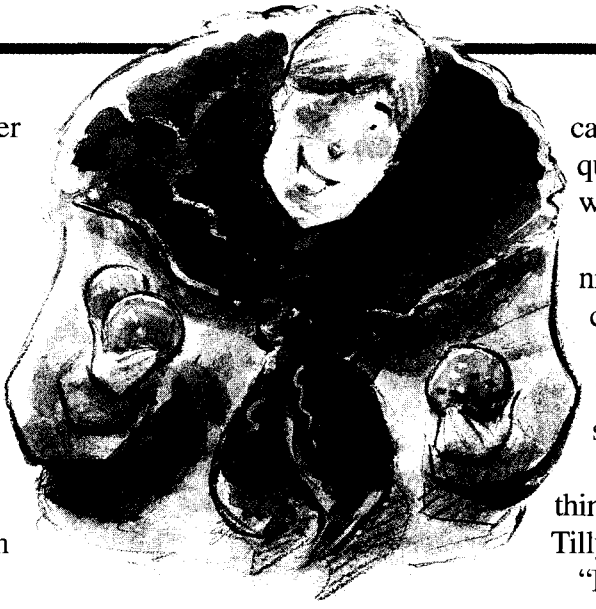
"Tilly, what made you put wormwood and catnip in the turkey stuffing?" demanded Ma. She tried not to sound severe since Tilly looked ready to cry.

"I did it," said Prue.

"And it didn't harm the turkey a bit," Pa said.

"I've never had better onions," declared Aunt Cinthy.

No one spoke about the pudding. It was as hard as a cannonball and whisked out of



sight to make room for the pies. Although these were perfect, the girls remained glum until dinner was over and the evening fun was well underway.

When it ended and the last jingle of a sleigh bell faded away, Mr. Bassett said, "Children, we've plenty to be thankful for, so we'll read a chapter before we go to bed and give thanks where thanks is due."

Tilly set out the big Bible with candles, and everyone listened quietly to the sweet old words which fit all times and seasons.

In a little while the good-nights were said, and the children went to their rooms. Prue whispered to Tilly, "Don't worry about that old stuffing and pudding."

"I'm not upset anymore. I'm thinking of how Gad fooled us," Tilly giggled.

"I was so scared when an orange hit me that I dropped in the cradle as fast as I could," Prue said. Tilly growled.

From the next room came a rap on the wall. "Girls, go to sleep, or you'll wake the baby," said Mrs. Bassett.

"Yes, Ma," Tilly and Prue answered meekly.

After a few more giggles, the old farmhouse grew quiet. All that could be heard was the soft scurry of mice in the pantry, taking their part in Thanksgiving.

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TEACHING DOGS NEW TRICKS

So you want your dog to be like Lassie? The handler of the world's most famous canine star offers some training tips.

by Patrick Perry

For generations, Lassie has been America's family pet. Braving fierce currents, rescuing victims from burning buildings, befriending hapless animals and humans alike—the intelligent and gentle collie quickly became every man's best friend.

Like many kids, after watching an episode in which Lassie breezed through a series of super-canine stunts, I'd whistle for my dog, Laddie, and lead him out into our backyard to prove my pet every bit as equal to the collie superstar. No amount of coaching could conjure up more than a handshake, puzzled expression, and good-natured bark. Even when I sat Laddie in front of the television to watch the weekly episodes and learn from the master himself, he simply didn't catch on (but I loved him no less).

Years later, I realized Lassie wasn't a canine member of Mensa, but rather a well-trained pet under the direction of an expert handler.

For 70 years, the Weatherwax family has trained such celebrity dogs as Lassie, Asta from "The Thin Man" series, and "Old Yeller." Rudd Weatherwax trained the first Lassie (a male, despite the name), who made his debut in the 1943 classic *Lassie Come Home*.

Robert Weatherwax, Rudd's son, recently compiled the family's training secrets into a home video series, *The Lassie Dog Training System*, allowing pet owners an inside look at the training of Lassie and others, as well as step-by-step training secrets of the experts.

Whether it's simple obedience training, such as learning to sit or stay, or more advanced tricks, such as jumping through your arms, the Weatherwax home-video system teaches you how to train your dog lovingly without frustrating either you or your pet. The training system also addresses troublesome and destructive behaviors, such as chasing cars, chewing on furniture, and jumping on visitors.

We recently spoke with Robert Weatherwax about the training system.

PP: Are there guiding principles in a successful dog training system?

RW: I'd say the one key word is—reward. Dogs like reward. People often scold their pets, never rewarding them—the reward is definitely more important. I also emphasize a leash. People attempt to train dogs, but don't have control of them. You need a leash and rewards—these are the two main components. The rest is learned information.

PP: Why is reward so important

Lassie owner and trainer Robert Weatherwax grew up with the original Lassie, a family collie named Pal, which first won the hearts of theatergoers in the 1943 film *Lassie Come Home*. For 70 years, the Weatherwax family has trained thousands of dogs for starring roles in movies, TV, and stage, but their training methods can help anyone to train their dog, of any age or size.

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when training a dog?

RW: It keeps their attention on the trainer. Dogs are happiest when they receive a combination of food and praise. They pay attention to you, not looking around here and there. Take bird dogs, for example. They're constantly looking around because their job is to look for birds. That's where food comes in. The dog will be more interested in the food than in looking for birds.

PP: Are these principles true for anyone interested in training a dog?

RW: Absolutely. Food is a great reward, but I also pet them and praise them with my voice. It holds their attention. I have certain dogs—like Mel, my little Jack Russell—who will start doing tricks when he's hungry. He'll sit up, and he'll lie down. He'll crawl forward. Whatever I've taught him last. He wants to perform without even being cued. He's performing for food and praise, but you don't have to stay with food after you have a trained dog. I use food as a tool when I'm training them.

PP: Why is training important?

RW: My theory is: train your dog—it will be good for him and good for you. He'll do what you want him to do; plus, it will be easy to control him when he tries to do things you don't want him to do.

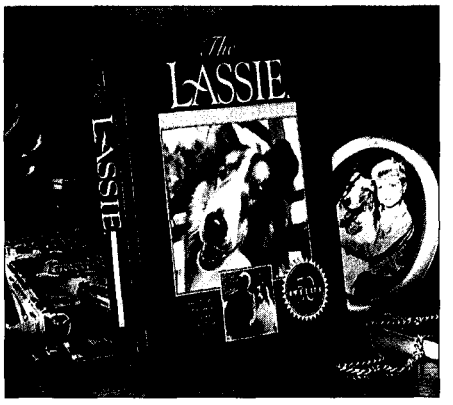
PP: So you have to train dogs from an early age?

RW: It's a key period for me. If owners want a dog that just stays in the yard or acts as a backyard guard dog, it isn't necessary. But if you want a very social animal, one that interacts with a child or family, you want to train him early to see things.

It is especially important with my movie dogs. I take Lassie out when he's young to let him get used to everything, because that's the formative period when he's going to respond and associate. If I leave him in for a year and never take him out, he will have problems. He's going to be suspicious of people, scared of traffic, and wary. That's why I say it's good to start your dog when he's young. You can train him later on. It doesn't matter if he's a year, two, or three years of age for training. But I always say the first six months is important for "associating."

PP: One of your father's sayings was "a trained dog is a happy dog." Do you agree?

RW: That's right. He's more appreciative. It's like an educated person; he'll get more out of life than someone who's uneducated. Proper training includes a great deal of praise and attention to your pet. Once trained, you have a pet you can take places. He likes that, and you enjoy his company.



The home video series, available at stores nationwide, offers step-by-step training methods, used by the Weatherwax family to train eight generations of Lassies.

PP: Are there any untrainable dogs?

RW: Untrainable only in the sense that someone's not approaching training correctly, yes. Some dogs are harder to train. You might never get them to the standard of Lassie, but few want a pet with such a high level of training.

PP: You train superstars, but can people use the same methods to train the average house pet?

RW: People come back to me and say it definitely works. You just don't go to the same level that we do. Most people want their dogs to come to them, stay, and lie down. They don't want their dog to swim into a raging river as Lassie does, or rescue a boy by picking him up by the collar. They aren't going to do all that, but the basics of our training is the basis of the way anybody should train a dog.

PP: But you offer advanced training in the system?

RW: For some people, dogs are quite a companion, and they like to show them off. I was traveling in Tahiti recently and saw a man who brought his German Shepherd from New York to Tahiti. The training system gives you the foundation you need to teach your dog just to be a good companion. Once you've laid the foundation, you can build on it. It's all just a continuation. And once you've laid the basics, it comes easier. I've trained many dogs from the beginning stages to learn up to 100 commands.

PP: In your tapes, you approach tasks in increments, not all at once. Is this important in training?

RW: When a dog accomplishes whatever you want, STOP. That's the whole key. Do not continue because the dog knows he did it right. But if you continue over and over again, he gets confused.

The thing that I really stress with people, even myself, is not to try to do everything in one day. It is hard. The trainer often thinks he isn't getting anywhere, but he really is. He doesn't have to do everything in one day. Just 20 minutes a day with your dog will work. And don't look for accomplishment the first few days. You'll find it comes in time, and you'll be surprised how well the dog learns.

Robert Weatherwax Training Tip

Since there are various reasons why dogs dig, this is one of the hardest problems to solve. With some breeds it's genetic, or they are bored, or trying to find a cool spot. A new toy will often entice the dog more than digging will.

Proper training is really the only way to ensure a well-behaved dog. Prevention is by far the best cure, since it is easier to stop your dog before he actually starts. No single action is a catch-all problem solver or replacement for proper training but a few effective cures are available when used in tandem with an overall training program.

One effective tool is a "shake can." A shake can is a simple correction tool. Take a washed out soda can, put some change or rocks in it, and tape the top. When you catch your dog digging in the backyard, throw a shake can in his direction (without hitting him or allowing him to see you). The noise produced by the shake can will startle your dog, causing him to associate his behavior with a negative experience. Make certain your correction immediately follows the action. Otherwise, he won't know why you are correcting him.

If your dog digs only while you are away, you'll need to take a few hours one day to correct the situation. Your dog is digging because he knows you are gone. Go through your normal routine of leaving, but go to a spot where you can watch your dog in the backyard without his seeing you. If he starts to dig, throw a shake can in his direction. After a few minutes, come back into the house as if you were just arriving. Go through the same routine a few times during the day. Your dog will stop when he's no longer sure you are away.

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HOMOCYSTEINE: A MATTER OF TIME

For 26 years, Dr. Kilmer McCully remained convinced that the connection he discovered between homocysteine, vitamin deficiency, and heart disease as a young researcher at Harvard would eventually gain credibility.

by Patrick Perry

Illustrated by Don Trawin

From Galileo's observations of planetary movements to Louis Pasteur's theories about bacteria and disease, scientific discoveries have often been slow to gain acceptance—the discoverer is often scoffed at, ridiculed, dismissed, or worse. Even in the late 20th century, Australian researcher Barry Marshall's "hunch" that a bacteria, *Helicobacter pylori*, not stress, caused many ulcers was initially dismissed as ridiculous by many and rejected by others, but is now embraced by the medical community and millions of grateful patients.

Dr. Kilmer McCully is yet another innovative scientist whose research on the connection between homocysteine and heart disease in 1969 remained largely unnoticed for 26 years. Yet he never wavered from his firm belief that a seemingly insignificant amino acid, called homocysteine, might be causing as much as half of all heart disease in humans, even though scientists dismissed his hypothesis as "an offbeat approach and probably wrong."

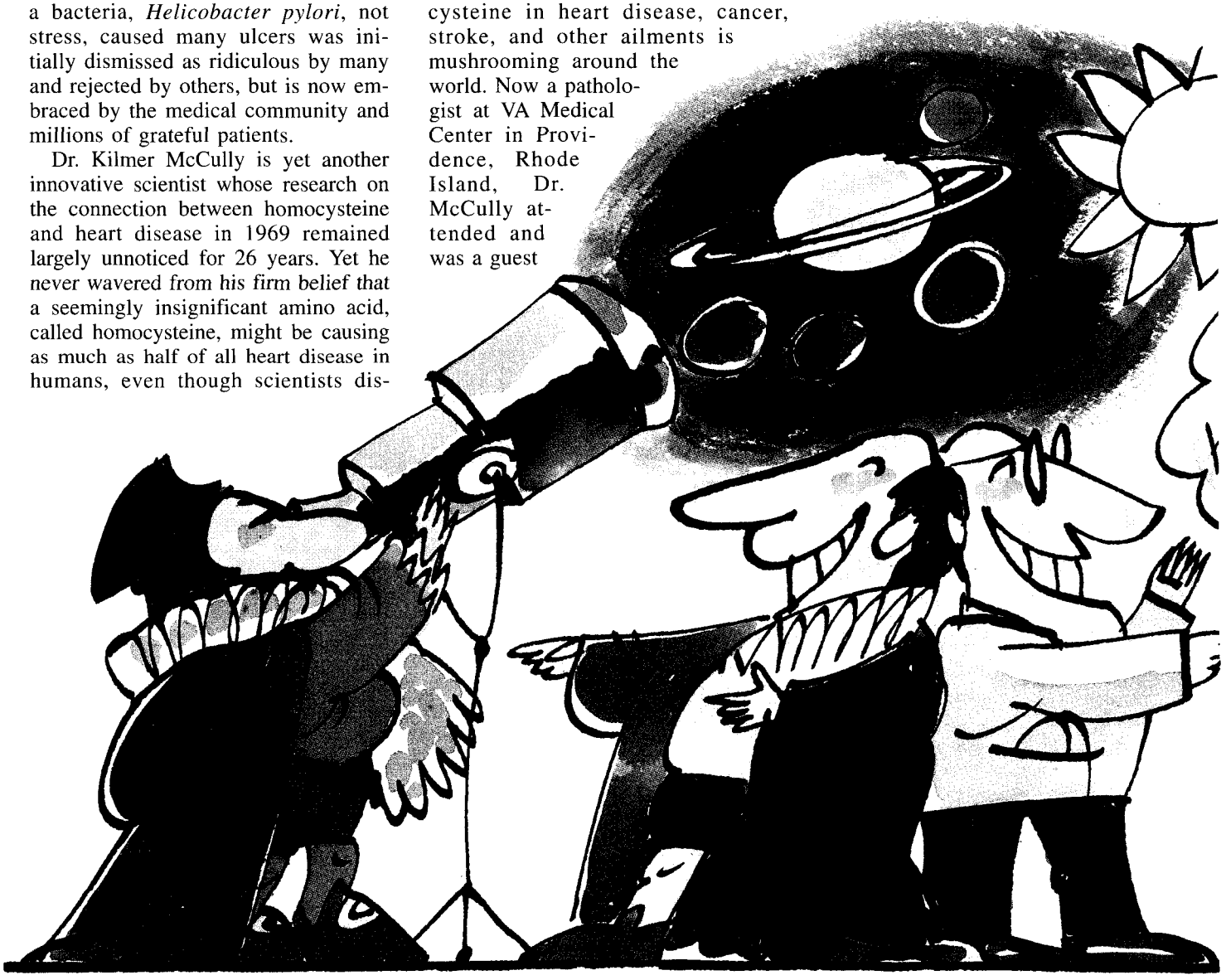
Only recently—when studies at Tufts University, the Framingham Study, and the Harvard School of Public Health made international headlines—did the medical community take renewed interest in Dr. McCully's original hypothesis.

Research into the role of homocysteine in heart disease, cancer, stroke, and other ailments is mushrooming around the world. Now a pathologist at VA Medical Center in Providence, Rhode Island, Dr. McCully attended and was a guest lecturer at the first International Conference on Homocysteine Metabolism, held in County Clare, Ireland.

We spoke with him shortly after his return.

PP: With the recent news about homocysteine and its role in disease, do you feel somewhat vindicated?

KM: I'm not sure that "vindicated"



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is the word. I feel *gratified*. I'm gratified that scientists all over the world are beginning to see, to understand, to build on the validity of this approach and to understand the genesis of heart disease. I'm also extremely pleased that the younger generation of scientists and medical investigators is becoming enthusiastic about carrying on this important work.

PP: Are you surprised that your theory is finally being accepted?

KM: I have always felt from the very beginning that it was only a matter of time until the evidence piled up enough so that scientists would become convinced of the importance of this approach to understanding the leading disease of the population. I have felt that throughout all these 26 years. Once enough information was obtained from experimental and clinical areas, this approach would come to be recognized as the best way to understand the genesis of vascular disease in the general population—a comprehensive theory, rather than a piecemeal approach to understanding the disease. In that sense, I'm not surprised. My surprise is that it's taken so long and that the theory has been relegated to a secondary or minor position in understanding the basic cause of vascular disease; whereas, in my opinion, it's the only way that a really comprehensive and meaningful understanding of the genesis of this disease can be developed.

"It has become clear that folate deficiency and vitamin B_{12} deficiency lead to elevation of the homocysteine level. . . . I think that studies from the Framingham Study have shown that a significant portion of the population, particularly among the elderly, are significantly deficient in folic acid."

PP: When talking about the genesis of the disease, are you talking about homocysteine, as opposed to cholesterol and other factors?

KM: It really isn't opposed to cholesterol. Blood cholesterol elevation is correlated with susceptibility to heart disease, but of course there are many other factors that have been identified over the years —for example, high blood pressure, smoking, family history with genetic factors, and some dietary correlations. All of these factors have been developed over the years in understanding the genesis of atherosclerosis. In my opinion, the homocysteine theory is capable of illuminating why cholesterol and all of these other factors are important in production of the disease. I've never felt that the homocysteine theory excluded, for example, the cholesterol approach.

On the other side of the coin, every doctor knows that there are many, many patients who develop severe, or even fatal, heart disease or other vascular disease, yet they have totally normal cholesterol and normal lipoproteins. That means that something like 85 percent or more of patients who have significant vascular disease have no indication of an abnormality in cholesterol. As a matter of fact, I set up a study of 200 patients who had died at the Providence VA Hospital. (The study was published in 1990 in the *American Journal of Medical Sciences.)* I wanted to determine how many actually had abnormal cholesterol values. It turned out that only 10 percent had elevated cholesterol. Among the group that had the severest disease and actually died of vascular disease, the average cholesterol figure for the group was 186, well below the target values advocated for lowering cholesterol levels. So it's obvious that there are other factors besides cholesterol. I think that everybody knows this. The advantage of the homocysteine approach is that it's a fundamental chemical theory capable of encompassing many other factors that have been identified over the years.

PP: How did you first discover that homocysteine might play a role in heart disease back in 1969?

KM: This is a long, interesting story. Briefly, I was offered a position at Massachusetts General Hospital in Boston after my pathology residency. While I was there, I had a grant from the National Institutes of Health (NIH) to study basic molecular genetics and molecular biology. I decided at that point that I wanted to get closer to diseases. I began to affiliate myself with the genetics unit, which was examining different types of genetic diseases. In the course of this affiliation, members of the genetics unit presented a fascinating case of a 12-year-old girl with homocystinuria—a new, rare genetic disease in 1968. I had never heard of it before. It turned out that the mother of this patient had told the two pediatricians who had discovered the disease in this patient (Drs. Mary Efron and Vivian Shih) that an uncle of the patient had died in the 1930s and was the subject of a case report published in the *New England Journal*

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GONE TO WAIST

His dear wife having encroached upon his closet, his off-season wardrobe now suffers the shrinking effect of the attic climate.

by Maynard Good Stoddard

Illustrated by Don Trawin

More and more of my friends—former friends, actually—have been poking me in the stomach with the comment (and if you've ever been poked in the stomach with a comment, you know the feeling), "Whatever happened to your Greek-god figure?"

And I struggle to keep my Greek-god composure while going into this rather lengthy explanation of how it's my trousers that might be giving the impression that I have recently swallowed a basketball.

How are you fixed for time? I'll be as brief as possible.

The room we added to our rustic abode contains two clothes closets, one for her, one for him. Her closet is along the west wall, his along the north wall. Where they join at the corner, her closet runs across the end of his closet, giving it a full nine feet, while his is thus restricted to a modest 7'6". Even with that disparity, the overflow from her generous closet into his modest closet has caused his off-season wardrobe (as he calls it) to go into the attic with the mice and assorted vermin.

But that's not the half of it. The half of it is what climatic conditions up there are doing to my off-season apparel. Especially my trousers.

Now it's over. I've had it. I am shedding my Mickey Mouse ears and donning Superman's cape. I have turned the other cheek and bared my jugular for the last time. After all, when I took the oath of marriage, it was to have been a 50-50 relationship, not a 9'-7'6". So, cold dinner and a night on the couch or not, I was laying my cards on the table, face up.

That's one reason marriages are breaking up right and left today—lack of communication. It came close in my own family, in fact, before I left home . . . if you'll excuse my getting personal.

I remember Dad coming home that night and saying to Mother, "Thanks for putting up the scarecrow. I've been meaning to do it."

I remember Mother looking strangely at Dad, not unusual, and saying, "I didn't put up the scarecrow."

I remember them going out to investigate and discovering that it was Grandfather. His joints had set while hoeing the rutabagas. Though he recovered nicely, had there been discussion about erecting the scarecrow, Grandfather wouldn't have had to spend most of the afternoon propped up on his hoe.

Back to it:

"It's not so much your usurping closet real estate architecturally designed for the accommodation of my personal raiment," I laid on the table, hoping the sheer power of my vocabulary would quell a smart retort. "But the capricious climate of the attic continues to shrink my stuff until I have become a walking resuscitation case. Even my neckties are shorter."

My dear wife's cheeks still remaining dry, I further pointed out that the waistband on my trousers had downsized to where I haven't had to wear a belt for the past two years. And one of these days a waistband button is going to pop off and put someone's eye out, I said. Adding that lawyers don't defend button-in-the-eye lawsuits for peanuts.

"All I'm asking," I wound up my case, "is my legal half of the closets, where I can hang up at least my off-season pants. Perhaps in time they'll return to normal size and I can again eat a salad without having my circulation cut off."

You know what my dear wife said? Of course you do. Because you have been thinking the very same thing.

Well, both of you—or all three, whatever—are wrong. I have not gone to pot. ("Pot-bellied pig" actually came to mind, now didn't it?) You've heard of the man who wanted to get back to his original weight—7 pounds 4 ounces? I'm not that man. At one time, a flabby and crabby 200, I wanted to melt down to my former lean and mean 170. And I did so. And haven't gained ounce one since.

I'll take that back. I did tack on a temporary eight pounds the time I flirted with the Banana Split Diet. I don't mean I followed the Slim Fast

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regimen of a banana split for breakfast, another for lunch, and then a sensible dinner. Nothing like that. But with the bone-building properties of ice cream, the high fiber in bananas, the pectin from fruit toppings (which must be good for something), combined with the protein found in crushed nuts, I figured the banana split had to be one of the most nutritional of our basic food staples.

After gaining eight pounds, I finally figured out where I had gone wrong. It had to be that lousy maraschino cherry. That's what comes from not reading food labels. Here I had been jeopardizing my Greek-god figure with junk stuff like sodium benzoate, potassium sorbate, sulfur dioxide, and something going by the name "red 40" (which didn't refer to 40 red cherries in the bottle, because I never counted more than 25).

Some poke him with comments, others with fingers. He prefers the comments.

But that eight pounds was soon behind me. Let me rephrase that. (My dear wife says to leave it alone; it's behind me, all right.)

Anyway, continuing her unbroken record for being wrong, she has come up with this crazy theory that sitting at a desk for mmmmmm years has caused my chest (why she chuckled here, I don't know) to slide down into my abdominal region. "The attic," she summed up, "has nothing to do with your eyes bulging every time you button your britches."

A retired nurse, she of all people should know better. As patiently as I could, I explained that man has been constructed with a diaphragm for no other purpose than to prevent such a catastrophe. I further pointed out that after years of lugging boulders from the creek bed to create her eight, going on nine, rock gardens, I probably had the strongest diaphragm in Sweet Owen County, if not in the entire state of Indiana. "Including Schwarzenegger's," I said, admittedly getting a tad carried away.

No matter. By this time, dear wife had come up with two strategies for maintaining her illegal footage of closet territory.

One, I could convert an area of the attic into a humidor, she said. Like they keep cigars in. Only bigger, she said. Two, I could store my off-season stuff in the root cellar. At the back, she said. Where it won't interfere with her traffic to the fruit jars, the rutabaga bin, the onion sacks, and the garlic hanging from the rafters, she said.

Number one fell upon deaf ears because clearing the attic for a humidor would mean that most of the junk up there would have to come down and be stored—you know where, and so did I. As for number two, I'd be going to church smelling at best like a highly seasoned pot of Irish stew.

To which dear wife remarked, "It would be an improvement over that bottle of cologne you picked up at the yard sale."

To which I replied . . . but never mind. With another off-season coming up, I am going to stand on my own hind feet, compress her row of dresses, and hang at least my pants in the reclaimed space, as validated by our 50-50 marital contract.

If they end up in the root cellar, at least I'll have a few pews in church all to myself.

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Lysine
Special Report

BEATING CHRONIC FATIGUE

After conventional and holistic medicine failed, the author found a surprising cure in a common nutritional supplement.

by Cameron Stauth

Illustrated by Don Trawin

It started with a phone call. "I'll just tell you this straight out," my literary agent began. "Simon & Schuster canceled your book. They don't think your theme is compelling enough."

At the time—late 1985—I was deeply involved in a book about the dangers of NASA's space flight program. "But Christa McAuliffe is on the next flight," I argued, my forehead beginning to dot with sweat. "What if something happens to her?"

"That's not very likely, is it? But I've got some good news, too," he continued. "They're willing to shift your contract to a different subject. A hot one. Hollywood moguls." I hated the idea of simply throwing away all the work I had done. But even before the phone call was through, I had accepted the reassignment. Ironically, my decision to write about those with power and influence was made possible by a profound sense of having neither myself. I'd written three books and about a hundred magazine articles, yet at that point in my life I felt as if my career—indeed, my life—was out of my control.

After I hung up I continued to sweat, and my heart kicked rhythmically at my ribs. The next morning I was still miserable, and as the day crawled on I felt myself getting sick. Stress had triggered minor illness for me before, so I didn't give it much thought. My real problem, I thought, was this canceled book deal. I was wrong. My real problem was my health. The flulike illness that I had for the next two weeks marked the beginning of the most frightful period of my life: a four-year fight against chronic fatigue syndrome.

It was a struggle that would lead me into the equally labyrinthine worlds of conventional and holistic medicine, seeking a cure for a disease that, at that time, didn't even have a name. Ultimately, my ordeal would end when my own close observation of my symptoms and a bit of blind luck would let me make a surprising connection between my illness and a common nutritional supplement I had been taking—a connection that is increasingly being supported by research.

"My real problem was my health. The flulike illness that I had for the next two weeks marked the beginning of the most frightful period of my life: a four-year fight against chronic fatigue syndrome."

Chronic fatigue syndrome—or, more accurately, chronic fatigue immune dysfunction syndrome (CFIDS)—was not recognized by the U.S. Centers for Disease Control until 1988. Before then, it was seen as just a debilitating stew of symptoms: low-grade fever, night sweats, sleep disturbance, fatigue, swollen lymph nodes, sore muscles, and mental problems such as depression, anxiety, and impaired memory and concentration. Not surprisingly, it was often dismissed by doctors as a psychosomatic illness, even though it affected an estimated 2.5 million people, predominantly women and people under 45.

Even today, conventional medicine offers no consistently effective therapy, and no cure. Doctors are uncertain even as to a cause. The most widely held belief, however, is that the symptoms reflect a highly activated immune system—probably an immune system that is fighting a virus. Researchers now regard three herpesviruses as the most likely culprits, though most people exposed to the viruses do not contract the syndrome. One major factor in susceptibility appears to be stress—stress such as I was experiencing when I agreed to write a book about Hollywood moguls.

As my vitality began to seep away during 1985 and early 1986, I was genuinely puzzled. The demands of my work aside, I had always considered myself very health conscious. I ate well, exercised daily, and for years I'd taken a plethora of vitamins, minerals, enzymes, herbs, and protein powder—many of which I had discovered in the course of my work writing about alternative health issues.

Then, in August of 1986, my health nosedived. Staying in a friend's California apartment while researching my book, I woke to find the place under attack by a bizarre species of flying cockroach. Around midnight, I was forced to blanket

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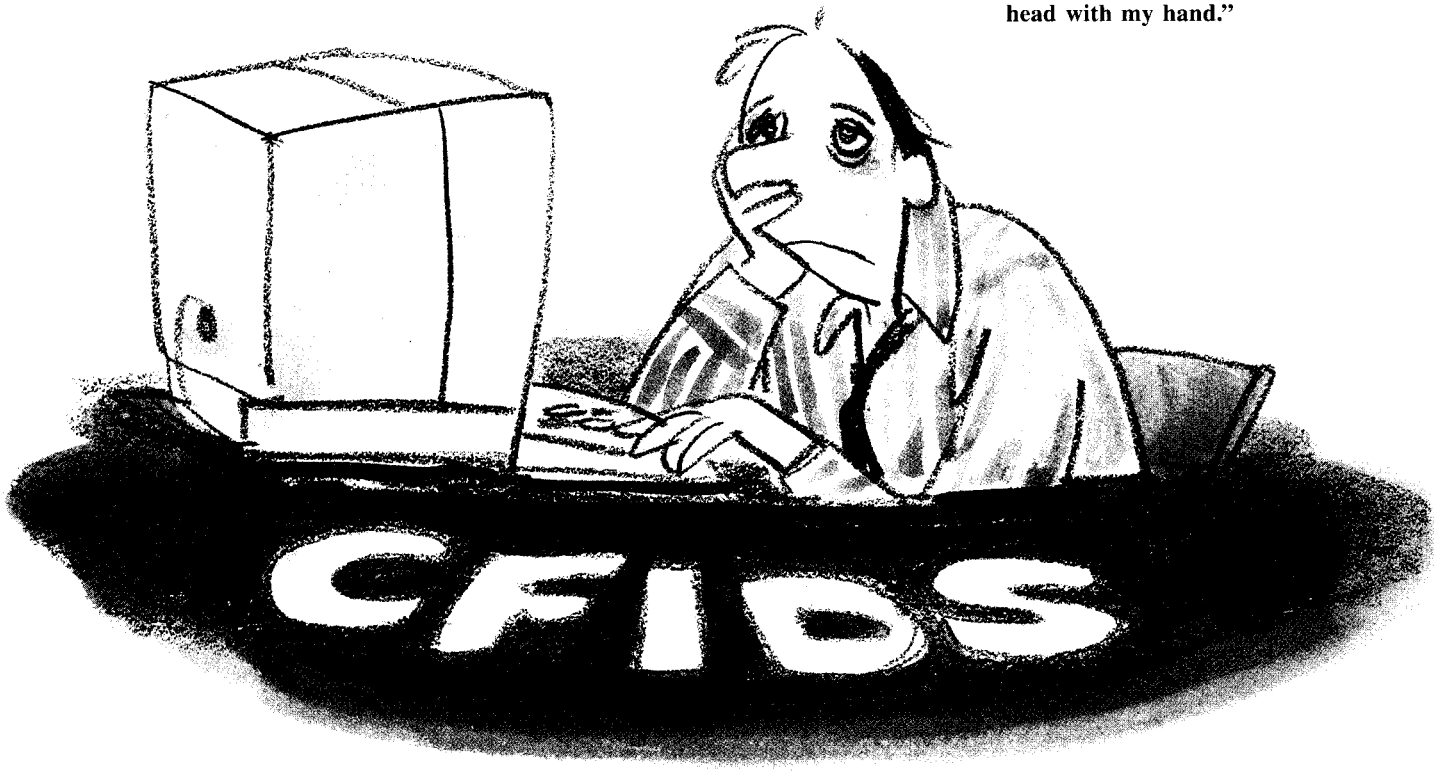

"I was so weak that when I wrote, I had to prop up my head with my hand."

the place with Raid, and I awoke the next morning feeling poisoned. I dragged myself through a day of interviews with Hollywood executives, and then I collapsed.

For most of the rest of the year, I was sick with what seemed to be the flu. I began what would become a disheartening trek through the halls of medicine. My general practitioner said I had a "mono-like" condition and prescribed four rounds of different antibiotics, which helped only temporarily. An allergist told me I had no allergies; an ear, nose, and throat specialist told me my problem was not sinusitis.

Although my general practitioner was sympathetic, if puzzled, other health practitioners were clearly condescending. One nurse told me that every fall when the weather changed the doctor she worked for was deluged with patients complaining of mild, amorphous symptoms—like mine. She confided that she and the doctor called them "barometer brains." She gave me a look that said: What you *really* need is to stop whining and *get a life*.

In between visits to physicians, I tried a host of holistic approaches: herbal decoctions, biofeedback, visualization, chiropractic, saunas, megavitamins, elimination diets, juice fasts, and various detoxification procedures. I did everything but wear a pyramid hat. Nothing helped. Several doctors warned me that there was a risk in such haphazard self-care. But nothing I might bring on myself, I reasoned, could be as bad as the affliction I already had.

"Quite suddenly, I realized that the key to curing my illness was lysine."

Desperate for a holistic cure, I restricted my diet so much that I became dependent on protein-powder smoothies, and I continued to swallow handfuls of supplements. I didn't really understand what I was doing, but I had an almost religious faith in the power of alternative therapies. After all, hadn't I written about so many others whose "hopeless" conditions had been cured in similar fashions? Still, nothing helped. I was so weak that when I wrote, I had to prop up my head with my hand.

Around 1987, the media began buzzing about a hip new disease called Epstein-Barr virus that was crippling yuppie overachievers like me. I ran to my doctor and demanded a test for Epstein-Barr. But that wasn't my problem. "Usually," he said, "that virus is associated with weight loss." He nodded toward my stomach and butt, which had ballooned by 50 pounds from lack of exercise. "That doesn't seem to apply to you," he said. He tried not to smile, it seemed, but couldn't resist. Then he recommended a psychiatrist.

The psychiatrist was shocked by

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"I had mixed up a glass of my favorite protein powder and drunk it. Less than an hour later, I felt awful. Now, walking down the street, I figured out why."

my sleep schedule: four hours of swimming in my pajamas followed by three hours of waiting for the sun to rise. He prescribed a low-dose sleep aid, which, to my surprise, allowed me to take the first step in my journey back to health. With the drug, I was able to get a decent night's sleep without side effects. The sleep helped, and the sense of control over sleep helped even more.

In the spring of '88, I finished my Hollywood research and headed home. I was finally able to schedule weekly appointments with a naturopath and an acupuncturist. The naturopath began giving me weekly injections of the herbal immune stimulant echinacea. After the shots, I would often have a day or two of energy and lucidity. But the symptoms inevitably returned, often heralded by an outbreak of oral herpes: a cold sore.

I knew that the amino acid lysine was good for cold sores, so I bought a bottle. It was easy to find, since amino acids—the building blocks of protein—are sold in health-food stores and widely used for a number of conditions. Tyrosine, for example, has helped people with depression. Carnitine is a popular weight-loss product. Low doses of lysine vanquished the cold sores, and I felt better in general. When the bottle ran out, I started taking more protein powder because it, too, contained lysine. But for some reason, it didn't clear up the cold sores and even seemed to make them worse.

Then, one day, while in Boston working on another project, I had one of the most electrifying experiences of my life. Quite suddenly, I realized that the key to curing my illness was lysine.

Earlier in the day, feeling relatively strong, I had mixed up a glass of some of my favorite protein powder and drunk it. Less than an hour later, I had felt awful. Now, walking down Massachusetts Avenue, I figured out the reason why. My previous use of lysine had made me feel better, yet I felt much *worse* when I took the protein powder. True, the protein powder

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contained lysine, but I remembered then that it contained even larger amounts of the amino acid arginine. Arginine, I had learned a few weeks earlier when writing an article about amino acids, is antagonistic to lysine: It blocks lysine's ability to inhibit herpesviruses.

I threw away the protein powder, bought a large bottle of lysine, and began taking it in massive doses—up to five grams an hour. The result was immediate, dramatic, and thrilling. Literally overnight, my symptoms began to subside.

I soon found a brand of lysine that also contained immune stimulants, including echinacea, goldenseal, garlic, and propolis. The new brand, Super Lysine Plus, was even more effective than straight lysine in quelling my lingering symptoms.

Over the next five years, I was able to control my symptoms with remarkable effectiveness. I took about four lysine tablets as a maintenance dosage every day, which provided about 2,000 milligrams of lysine and lesser amounts of the product's other immune stimulants. I also took relatively high daily doses of other supplements, including 5 to 10 grams of vitamin C.

Occasionally, especially in times of high stress, I would feel the familiar symptoms begin to return. The best indicator of a relapse, as always, would be a cold sore. But at the first sign of symptoms, I would take five or more lysine tablets per hour, all day long if necessary. More often than not, the symptoms would disappear within a few hours. They always would vanish in a day or two. With time, my symptoms decreased in severity and frequency. About a year ago, they ceased entirely.

During this recovery period, I also reoriented my energies. I learned to quit working when I was exhausted, to steer clear of avoidable stress, and not to dwell on things I couldn't control. I began exercising again and even ran a marathon.

While I was recovering, the medical profession—particularly holistic physicians—made strides in understanding why lysine and other supplements might be effective for CFIDS. Researchers discovered that virtually all CFIDS patients carry at least one of three different herpesviruses—Epstein-Barr virus, cytomegalovirus, and human herpesvirus-6. These viruses are sometimes dormant but can flare up when other factors, such as stress, weaken the immune system.

"What did I learn from my own experience? I learned that it's easier to stay healthy than to regain health."

Herpesviruses, however, require the amino acid arginine for reproduction. Lysine, by blocking the bioavailability of arginine, "starves" the viruses into dormancy. Lysine also might increase the body's level of interferon, an antiviral agent. A 1982 study at the National Institutes of Health showed that a chemical compound containing lysine raised interferon production in primates.

"I think it's quite feasible that lysine could inhibit the symptoms of chronic fatigue syndrome," Christopher Kagan, M.D., one of the country's leading lysine researchers, told me recently. Kagan believes that lysine can inhibit Epstein-Barr virus, and he has heard reports that lysine has effectively treated other herpes-related diseases, including Bell's palsy (a facial paralysis) and Ménière's disease (an inner-ear disorder). Also, over the past few years, there has been a rapidly growing body of anecdotal evidence in the form of testimonials from supplement users that suggests that CFIDS does respond to various nutrients, including lysine.

What did I learn from my own experience? I learned that it's easier to stay healthy than to regain health. I learned that pushing yourself to rest is as important as pushing yourself to work. I discovered that careless, uninformed faith in alternative medicine can be as disappointing as blind faith in conventional medicine. Mostly, though, I learned that I had more power than I thought. I had the power to take charge of my health. I had the power to take charge of my life. ■

Cameron Stauth's sixth book, The Manhunter, *was published by Simon & Schuster in September.*

Self-Care for Chronic Fatigue

"Ninety percent of chronic fatigue syndrome patients can take control of this disease and prevent it from destroying their lives," says Richard Carson, president of the Chronic Fatigue Immune Dysfunction Syndrome Club and a CFIDS sufferer since 1981. "With lifestyle adjustments and appropriate nutritional supplements, their symptoms will be decreased, and their relapses will be less frequent."

Carson, who donates all of his company's profits to CFIDS research, believes that some of the supplements of most value to CFIDS patients include Coenzyme Q10 lozenges (which help the body produce energy at the cellular level); Ultra ATP (which reduces fatigue and alleviates muscle pain); evening primrose oil (a "natural Advil"); *Ginkgo bilobal* extract (which increases blood flow to the brain, increasing cognitive ability); shiitake mushroom extract (an immune stimulant); as well as echinacea, goldenseal, beta carotene, zinc, garlic, and vitamin C.

Carson also believes that stress reduction, a careful diet, and abstinence from alcohol are of critical importance. A few pharmaceutical drugs, including Ampligen, have been shown to help, but he thinks that a patient's own individualized self-care program offers the best path to recovery. "You have to look at the basics—diet, stress, and supplements," he says. "The ball is in the patient's court."—*Cameron Stauth*

For more information, *contact the CFIDS Association of America, publisher of The CFIDS Chronicle: 800-442-3437. Or contact the CFIDS Club: 800-366-6056.*

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Lysine
Special Report

A MICROBIOLOGIST WHO STOPPED HER FEVER BLISTERS

Unsightly and painful herpesvirus lesions plagued her for much of her life and even threatened to ruin her wedding . . . until Dr. Hibbeln offered a simple solution.

by Ted Kreiter

"I prayed so long that I wouldn't be a bride with fever blisters," says Mary X. "Just visualize a bride coming down the aisle with multiple blisters all over her mouth; it's a horrible thing that a girl has to live in fear of if she's got herpes."

Mary asked to remain anonymous in our article. She doesn't want to broadcast the fact that she has an unsightly ailment. Although most people would not consider chronic fever blisters (a.k.a. cold sores) a "real" disease, Mary, a microbiologist, knows that fever blisters are caused by the herpes simplex virus.

"I've had it my whole life, or at least as far back as I can remember," she says. "It's always been a horrible thing. Even before social diseases were common, having big blisters on your lips was not acceptable.

"I have worked with the polio vaccine," she says, "so I am pretty aware of viral transfers. I know that if you touch a fever blister that is broken or bleeding, you are spreading live virus. I made it a very big point that I would not transfer any viruses to anybody. I never kissed a soul when I had a fever blister." Mary recalls the bad old days before she learned how to control fever blister outbreaks. "It was like a terrorist attack waiting to happen," she recalls. "You'd get ready for a big event or a big date and, inevitably, a big fever blister would come along to spoil it for you."

During one outbreak at college, Mary became so upset over her condition that the doctor at the campus infirmary prescribed a relaxant. "I took it at the hospital," she remembers. "I had a chemistry final that day, and as I walked to class, I began to feel wonderful. I remember clearly hearing the birds singing outside the window. I breezed through that test and got an A in chemistry."

Foods high in arginine can pose a threat to those who suffer from fever blisters. Nuts, chocolate, whole-grain cereals and gelatin are among foods that may cause a painful herpes outbreak. Lysine counteracts the arginine.

The drug, however, had no effect on the cold sore problem.

Mary's ultimate "wedding" nightmare did not come true, although the young bride did experience a fever blister outbreak. "I was petrified," she recalls, "but the scabs fell off by the time of the rehearsal dinner. I was so happy. I have always felt that it was a miracle."

Not until years later, when her children were teenagers, did Mary uncover the secret to preventing cold sore outbreaks. She had taken her son to see Dr. Fred Hibbeln, a dermatologist, about a possible acne problem.

"I was sitting there with my son," she says, "and Dr. Hibbeln looked at me and said, 'Well, well, well. It looks to me like *you're* the one that needs help.' I was suffering from one of the worst fever blister outbreaks of my life. I could barely talk. I told him I had researched the problem myself and that I knew there was no answer."

Dr. Hibbeln's response surprised her. "But there is," he said. "Dr. Richard Griffith at Indiana University has come up with the answer." He explained that an excess of the amino acid arginine in the diet can lead to fever blisters and that she must have overdosed on something she had eaten. Nuts, grains, chocolates, he said, are all high in arginine. Mary recalled that she had eaten a new cereal, Quaker 100% Natural, the day before. The cereal was delicious, but it was filled with whole grains and almonds.

Still, she could barely believe what Dr. Hibbeln had told her. So he suggested she try an experiment. "He said I should go for a month without eating any high-arginine foods and then get one of those big bags of M&M peanut chocolate candies and eat the whole bag," she said.

So Mary did. She waited until she was on vacation in New York City with her husband, a time when she was under no stress, because stress is often singled out as a primary cause of fever blisters. "I ate half a bag of M&Ms," she says. "By morning, I had a huge fever blister. I almost called Dr. Hibbeln from New York to say, 'Well, I hope you're satisfied.' Then I thought, *I should be grateful, not angry.*"

When Mary was able to bring on a fever blister by eating M&Ms, she knew she'd proven something. "It's Koch's Law," she says. "The rule in microbiology is that if you inject a suspected bacterium into a subject and the subject gets the disease, you've found the bacterium that causes the disease. If

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I can produce a fever blister within 24 hours, 100 percent of the time, by eating nuts, I can tell you that nuts are definitely a precipitating factor. If I eat a PayDay candy bar today, I will, with 100 percent certainty, have a fever blister tomorrow. I've tried it."

Mary now avoids excess arginine in her diet. Her biggest problem is staying away from nuts. She loves baked goods, but has discovered that bakeries are the worst places for an unsuspecting cold sore sufferer.

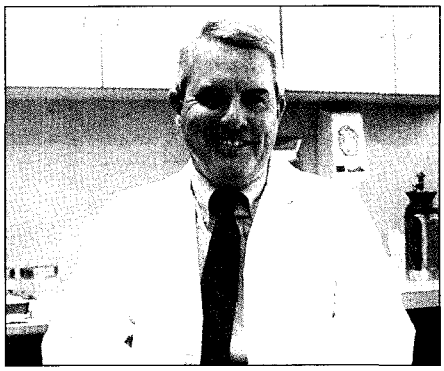
"I go to the bakery and say, 'Do you have any coffeecakes that don't have nuts in them?' Right away they always say, 'Oh yes, here's one.' But it usually does have nuts in it, because bakers use almond paste in a lot of good bakery products. People just aren't aware of it."

Other unexpected sources of arginine are popcorn, gelatin, and coconut. "Those are things you wouldn't think of," she notes. "It isn't so simple avoiding high-arginine foods, even when you try."

That's why Mary keeps a supply of lysine on hand, just in case. "When I feel a fever blister coming on," she says, "I quickly munch two horse pills of lysine [the amino acid that competes with arginine for receptors in the body], then take another a couple hours later, and that stops it. I also use Zovirax. Lysine is one way to prevent fever blisters, but I think it's much easier to prevent the fever blister in a natural way by what I eat."

Mary has been able to help other fever blister sufferers as well. "I was on a boat in Florida," she relates. "We got on with this young couple. The girl was gorgeous, with blonde hair and a white bikini. I never saw her face. She was up on the bow of the boat. I had seen her walk up there to the very point and sit cross-legged, looking out at the ocean. When her boyfriend said she was from Sweden, I went up and said, 'How come you're up here?' When she turned around, I knew. I have never seen anyone so beautiful, but her mouth was like mine that day I ate the cereal. She had about 50 fever blisters. She was almost in tears. So I said, 'I bet you've been eating nuts or something.'

"She just stared at me, and then in a charming Swedish accent said, 'How did you know?'



Dr. Fred Hibbeln, an Indianapolis dermatologist, tells his patients that there is a way to prevent herpes simplex outbreaks.

" 'Because whenever I eat nuts, I get fever blisters, too.'

" 'I can't believe what you have said just now,' she said, 'Last night, before I went to bed, I was nervous. I opened a can of Planter's Peanuts. It was one of those large ones, and I ate the whole can. No one knows that. No one.'

" 'Well, that's what caused your fever blisters,' I said. I told her the whole thing."

Now Mary tells everybody she sees with a fever blister about her discovery. "I've even told people at football games," she says.

Yet, she's irritated by the widespread unawareness of the arginine problem. In a recent *Harvard Health Letter*, she says, "somebody wrote how fever blisters are related to stress, sun, and wind. This may be true, but if you don't have high arginine, you won't get the fever blister. That's why fever blisters have always been so mysterious.

"I would love to see somebody conduct a study on arginine," she says. "How many milligrams are in one cup of peanuts, in one cup of popcorn, in one cup of chocolate or fudge. One of my favorite things is chocolate fudge from Aunt Diana's in Chicago. I'll get it, and I'll just eat two pieces and not eat any more. A couple days later, I'll eat another piece. If I ate the whole thing, I'd get a fever blister. When I think of the yummy stuff that I have passed up in my life, you wouldn't believe it," she says. "But it beats having fever blisters!"

Mary believes there are additional advantages to avoiding high-arginine foods. "I think that arginine does free the virus to multiply, and I think by staying away from those things that help viruses grow, I am helping my body," she says. "There are many diseases caused by viruses, from the common cold all the way up to AIDS. Theoretically, people with AIDS and some forms of cancer could possibly be helped by taking lysine or by avoiding arginine in chocolate, nuts, and unmilled cereals. I'll tell you one thing; if I had HIV, I wouldn't be eating bunches of peanuts."

Lysine and Arginine Content in Common Foods

Cold sore sufferers, beware of a low lysine-to-arginine ratio.

	Lysine mg	Arginine mg
Grain Products		
Popcorn, air-popped; 3½ c	96	169
Quaker 100% Natural; ¼ c	160	227
White rice, cooked; 1 c	199	459
Candy		
Peanut bar; 1.6 oz	245	818
Peanut brittle; 1 oz	77	253
Fudge with nuts, homemade; 0.67 oz	27	57
Praline, homemade; 1.38 oz	35	131
Gelatins		
Gelatin desserts from mix; ½ c	74	141
Gelatin, dry mix; 3 oz	301	575
Nuts		
Walnuts, black; 1 oz	205	1040
Almond paste; 1 oz	112	421
Sunflower seeds; 1 oz	266	681
Peanuts, dry roasted; 1 oz	238	793
Coconut, toasted; 1 oz	66	247

Bowes and Church's Food Values of Portions Commonly Used, 16th Ed. 1994.

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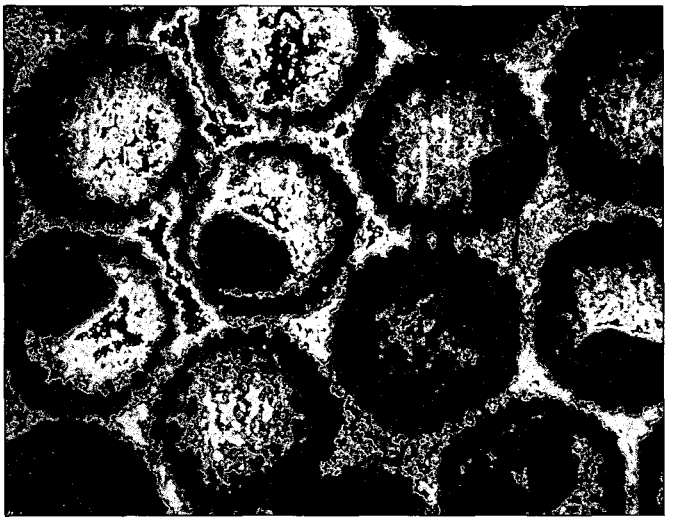
Lysine
Special Report

HERPESVIRUS: THE GREAT MASQUERADER

Further study of the centuries-old viral enemy of mankind may bring to light new disease connections and provide more effective treatments.

by Christina Ferroli, Ph.D.

Herpesviruses have plagued man and beast for millenia. As new herpesviruses are identified, the challenge remains: how to treat the resulting diseases effectively and prevent them from inflicting harm. To date, seven herpesviruses have been isolated in humans, five in horses, at least four in cattle, two in pigs, and three in chickens. No animal escapes herpesviral infection: the virus has been detected in animals as exotic as the Indian cobra and as mundane as the American ground squirrel. All animals may possibly carry at least one herpesvirus during their lifetime.



The herpes simplex virus, which can produce cold sores, is a classic example of a latent viral infection. This virus can lie dormant in the nerve cells for years then suddenly reactivate. A diet low in arginine and supplemented with lysine can help defend against the outbreak.

Herpesvirus—Viral Houdini?

Herpesviruses are greater escape artists than Houdini himself. What makes these viruses so wily and infamous is that they share several common properties: the microorganisms contain DNA as their genetic material; they have a similar architectural structure; and the viruses can maintain themselves in a dormant state for the life span of the host. The ability to remain fast asleep in the body's cells is what makes the herpesviruses particularly and potentially dangerous for man. Once an initial viral infection is resolved, the herpesvirus evades the body's natural immunosurveillance mechanisms, lying inactive in specific cells of the body for days, months, and years at a time, ready to attack again when conditions are favorable. The long-term health consequences of recurrent herpes infections are in many instances unknown, posing the principal dilemma for medical and scientific communities.

Currently, seven known herpesviruses infect man: herpes simplex virus type 1 (HSV-1), herpes simplex virus type 2 (HSV-2), varicella zoster virus, Epstein-Barr virus, human cytomegalovirus, human herpesvirus type 6, and human herpesvirus type 7. The first human herpesviruses discovered were the herpes simplex viruses (HSVs). HSV-1 is the culprit behind oral (blisters) and skin lesions, while HSV-2 is responsible for genital herpes. In children, gingivostomatitis, inflammation of the gums and mouth, is the most common herpes simplex infection. Currently, the most lethal form of herpes simplex infection is encephalitis, which predominantly afflicts children. Research suggests that Bell's palsy or facial paralysis may result from either HSV or varicella zoster virus. Human herpesvirus type 6 and human herpesvirus type 7 have been identified in this past decade. Diseases linked so far to human herpesvirus type 6 are roseola (in infants and young children) and chronic fatigue syndrome. Human herpesvirus type 7 remains elusive and is presently not linked to any disease state.

Herpesviruses are greater escape artists than Houdini himself. . . . The viruses can remain in a dormant state for the life span of the host.

Though the proper name sounds mysterious, varicella zoster virus (VZV) is well known as the chickenpox virus. VZV, typically acquired during childhood, can hide in the cells of the sensory nervous system only to return later in life, resulting in an attack of shingles.

The Epstein-Barr virus (EB), which brings about infectious mononucleosis, takes up residence in the B-lymphocyte cells of the immune system. EB was first identified in Burkitt's lymphoma, a rare type of white blood cell cancer named after Dr. Denis Burkitt, who discovered the cancer in children in Africa. Today, scientists point to Epstein-Barr as a possible culprit of chronically active-state diseases, such as neuromyasthenia (muscular weakness), polymyalgia rheumatica (pain

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and stiffness in muscles), and chronic fatigue syndrome. EB has been linked to various forms of cancer, such as nasopharyngeal cancer, lymphomas, and smooth-muscle cell tumors in immunocompromised individuals, as well as Hodgkin's disease, a cancer of the lymphatic system. Autoimmune diseases, such as rheumatoid arthritis and lupus erythematosus, may be activated by a herpesvirus—Epstein-Barr appears to be a prime suspect.

Human cytomegalovirus (HCMV) is typically acquired during childhood or via blood transfusion. Cytomegalovirus infection during pregnancy poses grave threats for the unborn child, because the virus affects multiple organ systems. Because the infant's central nervous system can be primarily affected, the outlook for normal development is bleak. After initial infection, cytomegalovirus remains dormant in the macrophage and lymphocyte cells, the principle warriors of the immune system, but can reactivate when the system is compromised. HCMV infection in adults expresses itself as either mononucleosis or hepatitis. Cytomegalovirus has been detected in prostate, colon, and cervical cancer, as well as Kaposi's sarcoma and in atherosclerotic plaques. Identification of cytomegalovirus as a carcinogen, cocarcinogen, or simply a passenger in these disease states is still under investigation.

Where we stand in the battle against the herpesviruses

Ask anyone who has struggled with cold sores and they will attest that even a HSV-1 infection can be dreadful. Dr. Cory SerVaas, editor of the *Post*, had the good fortune to know Dr. Richard Griffith, who dedicated years of his life to bringing the help of lysine and a low-arginine diet for cold sore sufferers to the attention of mainstream medicine.

The annals of medicine are filled with examples of giants in the field of medical research whose most promising work dies with them. Often a dedicated man with a new theory spends his career pursuing a vision which is not yet shared by his colleagues.

Dr. Griffith knew that the pain and suffering for many might end if only the FDA would permit claims for

Dr. Christopher Kagan (left) continues the pioneering work of the late Dr. Richard Griffith, who sought to bring the lysine/herpes connection to the attention of the FDA and the medical establishment.

lysine's efficacy in treating the virus. Then physicians would begin prescribing or recommending it for that particular problem.

Dr. Griffith truly cared about people, about medicine, and about basic science, but most important he had the courage to stand up for his personal clinical observations, even though he knew there would be no research and development money for an inexpensive amino acid like lysine. It wasn't a drug that could be patented. It wasn't even a drug. But he never gave up trying to convince the FDA. He kept sending them valid scientific documentation, but when he died in October 1994, he still had not succeeded in gaining FDA approval. His motives were humanitarian, not monetary. Lysine is not a product with markup potential that would produce profits for a pharmaceutical company, and that in itself was part of Dr. Griffith's problem.

Fortunately, Dr. Griffith had a much younger colleague, Dr. Christopher Kagan, to whom he had given much encouragement and inspiration. In fact, it was Dr. Kagan who had brought earlier scientific research on lysine to Dr. Griffith's attention at the Eli Lilly Company. It was the neglected but thorough laboratory work of Dr. Robert Tankersley that had aroused Dr. Kagan's curiosity. He tried lysine on cold sore patients and found that it worked.

Since working with Dr. Richard Griffith in the early 1970s, Dr. Kagan has maintained an extensive file of lysine and herpesvirus-related information. Here are some of his recollected observations.

"About ten years ago, my father, a pediatrician, talked to a pediatrician friend about our lysine work," he told us. "The pediatrician decided to give lysine intravenously to one of his patients who was suffering from herpes encephalitis. The patient was near death, yet the doctor wanted to try everything possible. He gave approximately 15 grams intravenously a day, and the patient woke up out of his coma within 24-48 hours. He repeated this with seven more patients and achieved the same results.

"There are a number of dramatic stories," Dr. Kagan continues. "There was a patient with severe genital herpes who was so desperate that he

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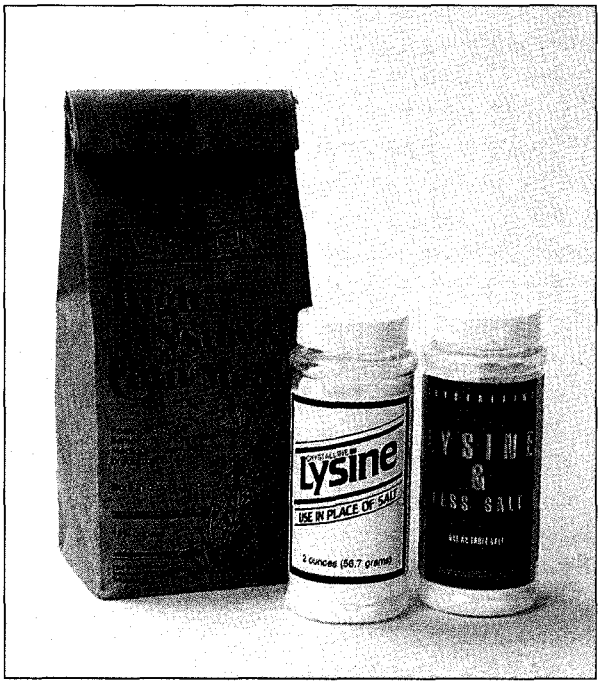

Although fortifying foods with lysine has been considered, it has not been implemented. However, the nonprofit American Foundation for Preventive Medicine makes these lysine products available. All proceeds from the sale of these products are used for lysine research.

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THE AMERICAN ILLUSTRATORS HALL OF FAME

POST ARTISTS REMEMBER SANTA

Painting Christmas covers for the Post surely took our Hall of Fame artists back to familiar scenes of their childhood and will as surely revive Christmas recollections of our own.

by Maynard Good Stoddard and Steven C. Pettinga

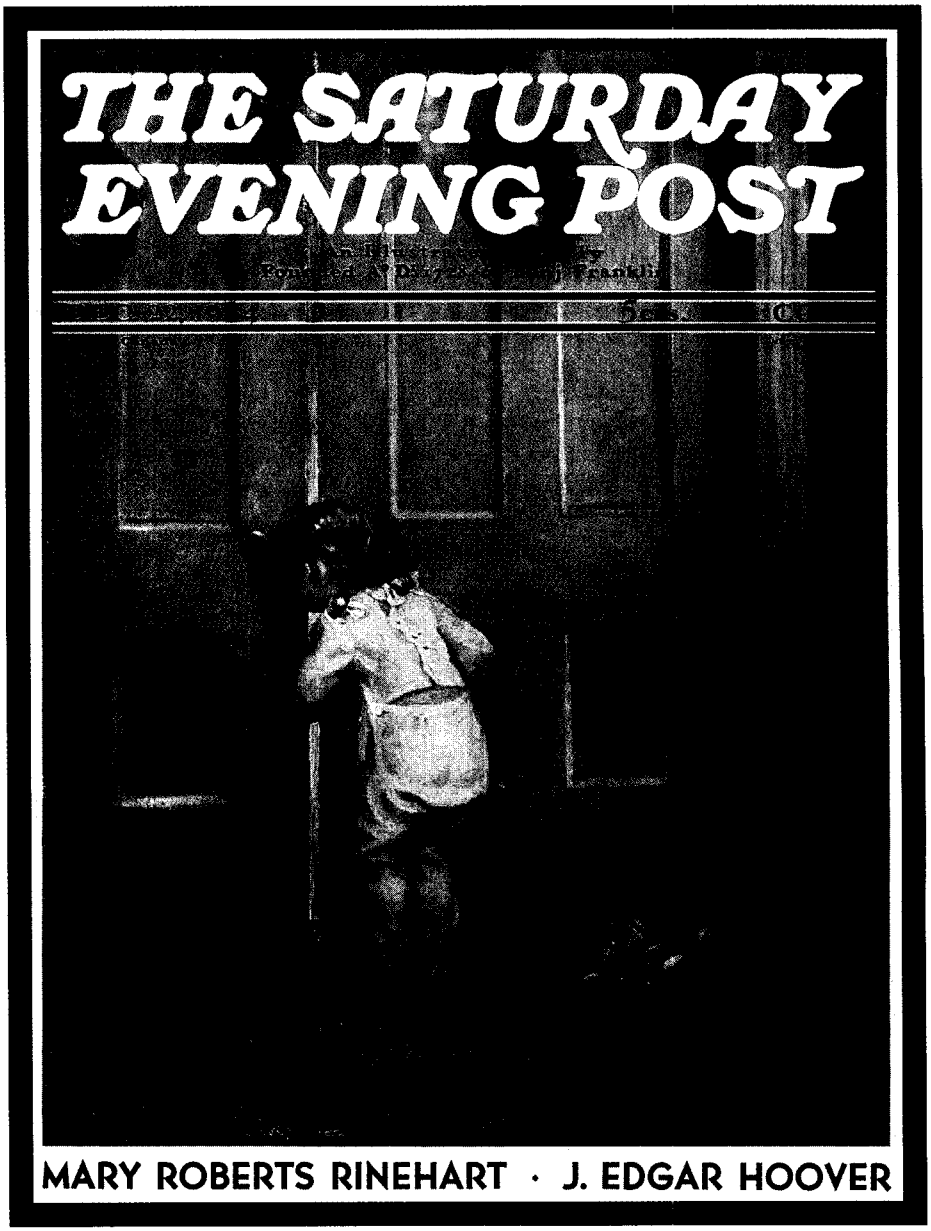
Of course there's a Santa Claus, Virginia. If it's proof you want, it's proof we've got. We mean *besides* these *Post* covers of scenes remembered by our Hall of Fame artists from Christmases long ago.

You see, Virginia, Santa Claus was actually Saint Nicholas, born to a wealthy family in the town of Patara, Asia Minor, around A.D. 270. He would become not only one of the most popular saints, commemorated among Protestants, but also patron saint of Christmas, sailors, schoolboys, robbers, several cities, and two countries.

Why is Santa Claus the giver of gifts? It happened this way, Virginia. While still a young man, before he became Saint Nicholas, his parents died in an epidemic and left the family fortune to him. Instead of blowing the money on personal pleasures, he began giving anonymous gifts to ones in need. Crusaders spread this spirit of generosity across Europe, where eventually it found its way to Dutch Protestants, who established their own tradition of gift giving.

So . . . should you find a new Ford Bronco instead of a doll buggy under your Christmas tree this year, Virginia, thank Saint Nicholas—whose name has run the gamut from Santus Nicolas to Sankt Nikolaus to Sint Nicolaas to Sinta Klaes, until it finally hit the English language and became Santa Claus.

And now that you have grown up, Virginia, we believe that you will enjoy these scenes from *Post* covers taking you back to those years when you first asked the question: "Is there a Santa Claus?"



What, oh what, intrigues our pajamaed investigator so? It must be good, because even Teddy's been held to the sidelines. Mary Ellen Sigsbee's delightful 1934 cover piques your interest in what's going on behind the doors the way wrapping paper enhances the mystery of presents under the Christmas tree.

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THE SATURDAY EVENING POST

VOLUME 212, NUMBER 25

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Dec. 16, 1939

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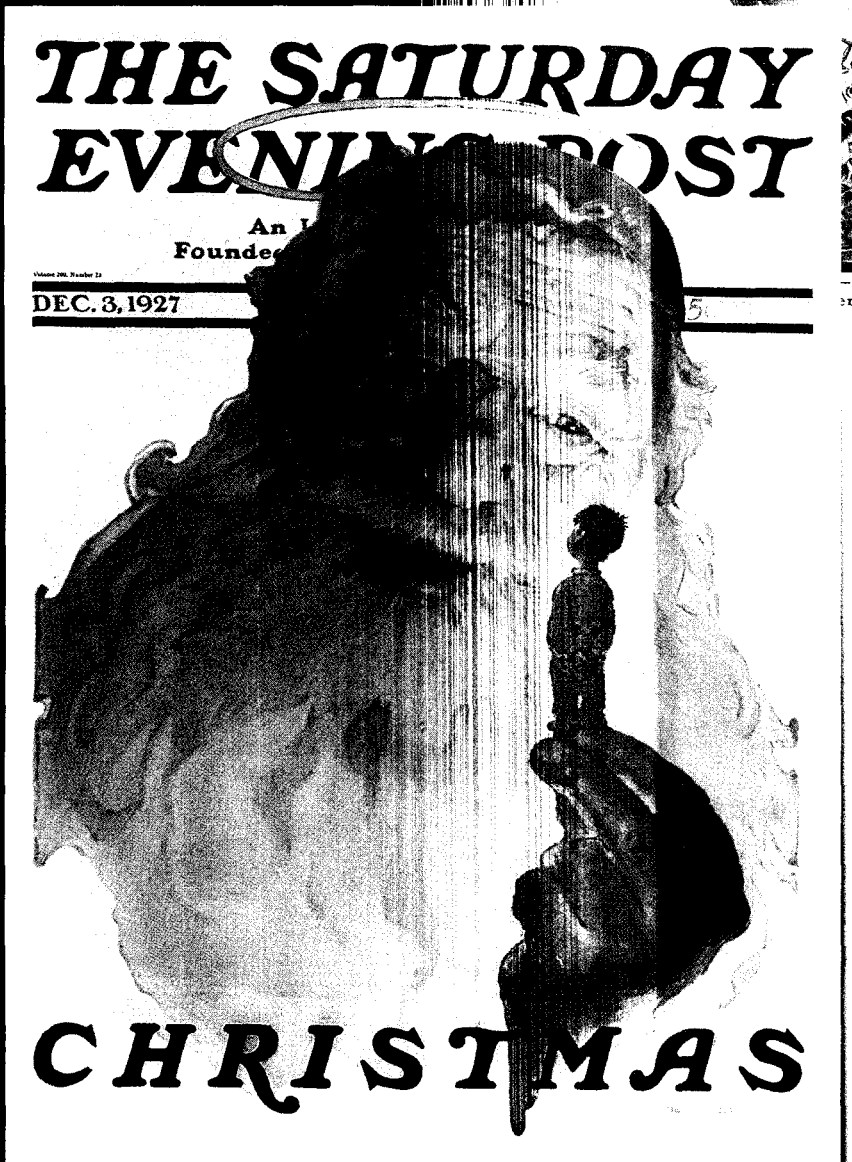

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THE SATURDAY EVENING POST

Even old Saint Nick gets weary, at the workshop, so his merry elves help put the finishing touches on houses, dolls, bicycles, and surprises that children all over the world eagerly await on Christmas Eve. Norman Rockwell *himself might have snuck in a nap while putting the final*

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So this explains why
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more than one
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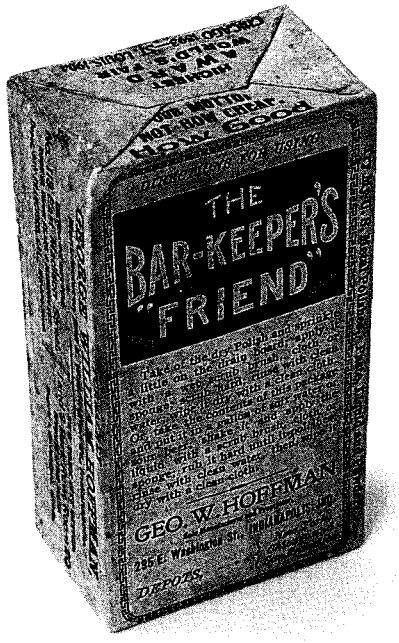

Bar Keepers Friend circa 1892

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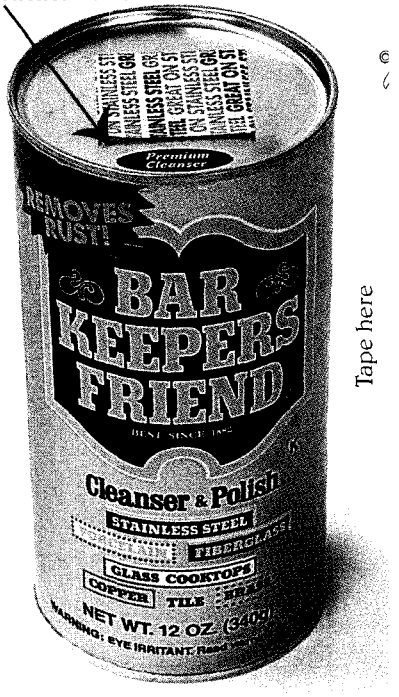

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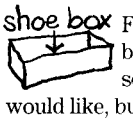
Keep The Shoes.

Send Her The Box.

It's almost Christmas. Yet for the children of war-ravaged Bosnia, it's not new shoes they're longing for. It's hope — that they are not forgotten and that someone really does care. That's the message of Operation Christmas Child, a Samaritan's Purse project to spread hope, joy, and the Gospel of Jesus Christ to hurting children worldwide through gift-filled shoe boxes.

Here's what you do:



Find an empty shoe box. Wrap it - lid separately - if you would like, but wrapping is not required. Then determine whether your shoe box is for a boy or a girl and their age category: (0-2), (3-6), (7-13).

After choosing one of these categories, buy and pack gifts like a doll, a toy car, a ball, some crayons, a toothbrush or hairbrush, etc.

IMPORTANT: Enclose **$5** in your box (cash or check) to buy a "plane ticket" to get your shoe box in the hands of a child by Christmas. Remember to place a rubber band around your box and lid.

Shoe boxes must be received by December 8, 1995. Mail/ship your shoe box to:

Samaritan's Purse

Rt. 4, Bamboo Road, P.O. Box 3000-J, Boone, NC 28607

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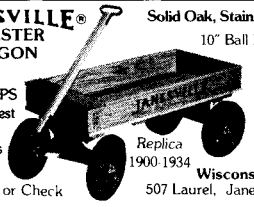

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Mary Tyler Moore

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California, and Moore, who lives in New York, sees him often.

"I am a survivor. Some people do not survive such tragedies. It doesn't lessen the pain," she says quietly. "The pain is just as intense as it is for someone who gives up and gives in, but the change that has occurred in me is that I appreciate much more the *now*. I don't take tomorrow for granted, because it simply may not be there."

Battling a chronic disease—diabetes—for many years, she's become a symbol of hope to others in the process.

"I was diagnosed when I was in my late 20s. I had just gone through a miscarriage, and a routine test found that my blood sugar [level] was 750. It's supposed to be between 70 and 110," she explains. "The doctors were quite amazed I was alive at all! In fact, I made it into a medical textbook as an 'extraordinary case.' "

There are two types of diabetes: insulin-dependent Type I (formerly known as juvenile diabetes), the more severe form, and non-insulin-dependent Type II. In Type I, insulin-secreting cells in the pancreas are destroyed, with insulin production ceasing almost completely. Type II diabetics still produce some insulin, but not enough to meet the body's needs, requiring oral medication. Moore is a Type I diabetic and widely recognized as international chairman of the Juvenile Diabetes Foundation.

"The hardest part about being diabetic is, every day you wake up and think, *Is this the day the kidney will give out? Is this the day I'll have a stroke?* In the beginning it was really hard for me to give myself [insulin] injections. I kept aiming at the site for five minutes before I could bring myself to do it," she says. "When I first found out I had diabetes, I thought I'd be an invalid, which is one of the reasons I'm glad to do what I do with the Juvenile Diabetes Foundation to help others."

Moore is donating all profits from three recently released fitness videos to the foundation. Dubbed *Everywoman's Workout* and aimed at women 35 and older, the video series features Moore performing low-impact aerobics, body sculpting, and power walking. A dancer for years, she switched to low-impact aerobics instead of dancing for her own personal fitness regimen several years ago.

"Dancing established the habit of exercise for me. My mother was tall and thin, perfectly proportioned, sort of like an aged Barbie doll. My father is like Ken," Moore says with a laugh, eyes twinkling. "I'm lucky to have inherited that. But anybody can lose that [genetic edge] if they just sit back and watch television."

Diet and exercise are crucial to health, Moore believes, especially in the case of a diabetic. Once a drinker and heavy smoker, Moore has given up both. Today, she strictly adheres to her diabetic diet and has given up eating meat.

"I am a very different person today in many ways than I was 20 years ago," she notes.

She attributes part of the changes in her personal life to her husband, Robert. After two failed marriages, she never expected to marry again when she met the dashing doctor, 15 years her junior. Her eyes light up when she talks about him.

"I thought Robert was cute and we'd have a romance, but I never expected to fall in love, serious love," she says. "He is very smart: I love the way he thinks! And he's funny. He no longer is a practicing cardiologist—he now devotes most of his time to the Juvenile Diabetes Foundation—but when he was practicing, people said he was the funniest doctor in his field. As a result of being with Robert, I think I'm a different person, and I would expect him to say the same thing about being with me."

The couple share a Manhattan apartment overlooking Central Park, retreating to their country home most weekends, where they raise horses, garden, and relax. A pool and exercise studio on the property allow her to continue her regular fitness program.

"As I have grown older, there has been a lessening of acting roles available to me," Moore admits. "But that's OK, because it's allowed me to do things in the country that I could never have done before. Gardening, growing flowers . . . all these things sound like a cliché for an actress, but I'm telling you,

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they are wonderful!"

Country life may be altered somewhat in the months to come, however, because Moore has agreed to star in a new CBS-TV series. Airing on Thursday nights, Moore describes "New York News" as "an ensemble-cast series with lots of characters" set in a newspaper newsroom. Moore plays a publisher, co-starring with Madeline Kahn in the new series. Because the show is filmed in New York, Moore won't have to leave home to work.

Moore also altered her comfortable routine this past year while she penned her life story, *After All*, released in October by Putnam. (The title comes from the line in "The Mary Tyler Moore Show" theme song: "You're going to make it after all").

"I didn't use a ghostwriter; the only reason I would have done it was if I could write it myself," she says of the book. "I gave some essays I'd written to my agent, who encouraged me to do this. The hardest part of writing a book was making myself sit down and do it! But I never came up out of that chair without feeling I had accomplished some wonderful stuff."

The project was cathartic. "As I wrote, attitudes I thought I had, feelings I thought I had, no longer existed," she says. "I didn't know I had changed until I was forced to look at myself while I was writing. So it was very enlightening for me."

It's clear Mary Tyler Moore likes the person she has become, but she grows quiet and reflective when asked what she would like to change about herself, if she could.

"I like being me for the most part. But if I could change some act, I would have had more children. Having just one child and losing him has left me bereft," she says, eyes misting over. "That I would change."

As far as aging, which can be especially difficult for someone in a profession where so much emphasis is placed on youth and beauty, she remains positive.

"When I turned 50, I was practically stopping people in the street to say, 'Can you believe I'm 50? This is what it looks like, and it's not bad, is it?' " she exclaims, with a

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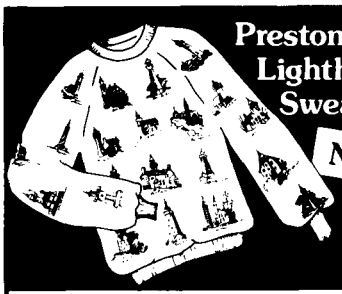

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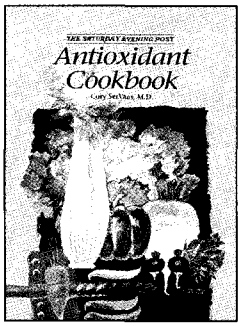

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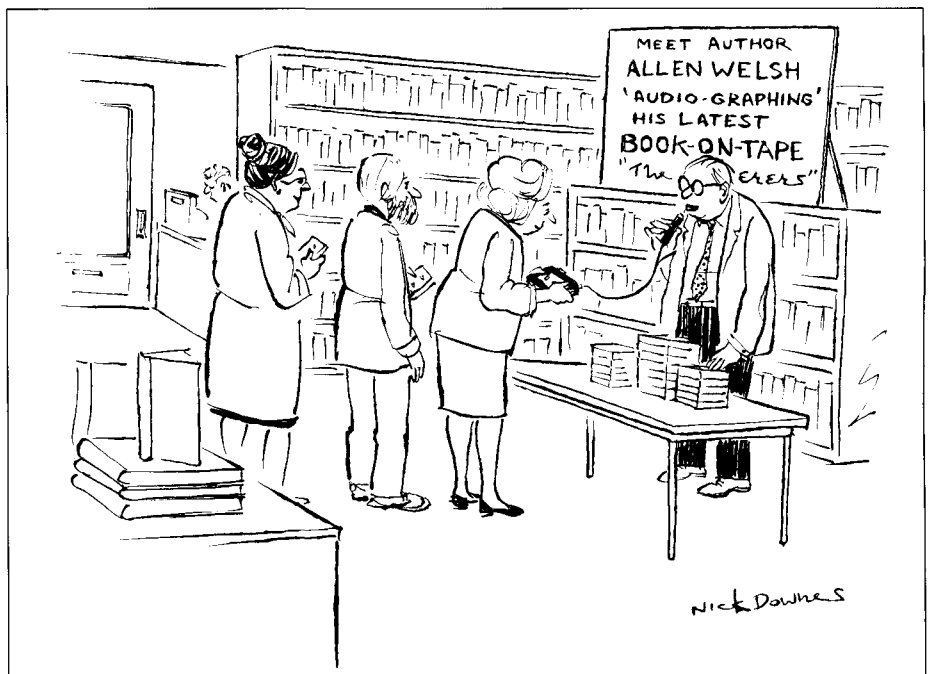

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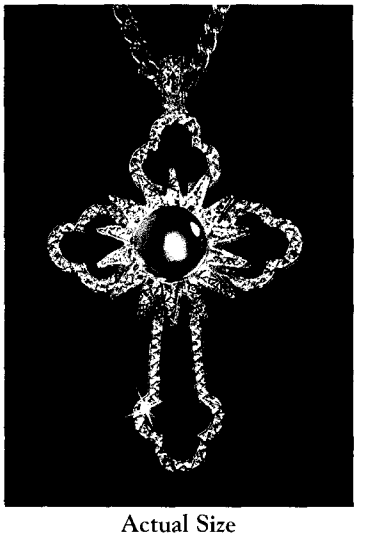

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Mary Tyler Moore

continued from page 67

hearty laugh. "I was never considered beautiful even in my youth; it might have been different if I was, say, a fashion model. I have always put the emphasis on what comes from inside me."

A call interrupts. They're ready to film the movie's next scene, and Moore pauses to say good-bye.

"The older I get, the wiser I get, the more knowledge I have. As you get older, you learn to put things into perspective. Not everything is life or death, not everything is so important you have to put yourself through a wringer to get it. I hope to do more movies, and I may write some more books, but right now I am just enjoying my life."

Something Like English

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roast was labeled a *joint*. A *tin* of *biscuits* turned out to be a can of sweet crackers, and a jar of *monkey nuts* was full of peanuts. *Crisps* were potato chips, and *chips* were French fries. The sausages—that is, *bangers*—were delicious, done up on the farmhouse kitchen's ancient but efficient *cooker*.

One dark night the farmhouse power went out. We could neither watch the *telly* nor find our way about. I trudged down the road to the Clock House and asked our neighbor to lend us a flashlight.

She looked puzzled. "Sorry," she said. "But p'raps this *torch* may serve." I told her I'd return the torch in the morning. "Righto," she said, "but don't *knock me up* too early."

These beguiling bouts with the language continued, and before April's end we thought we had mastered it. But one day when my wife thought she had a run in her pantyhose, a shopkeeper laughed cheerily and assured us it was only a *ladder* in her *tights*.

On Shakespeare's birthday we *motored* up to Stratford *on holiday* to enjoy *Much Ado About Nothing*. During the *interval* my wife was pleased with herself. She said, "You know, I'm understanding every word."

"Not surprising," I said. "After all, it was Shakespeare's English, not Maggie Thatcher's, that landed those many years ago on Plymouth Rock."

Exercise and Breast Cancer

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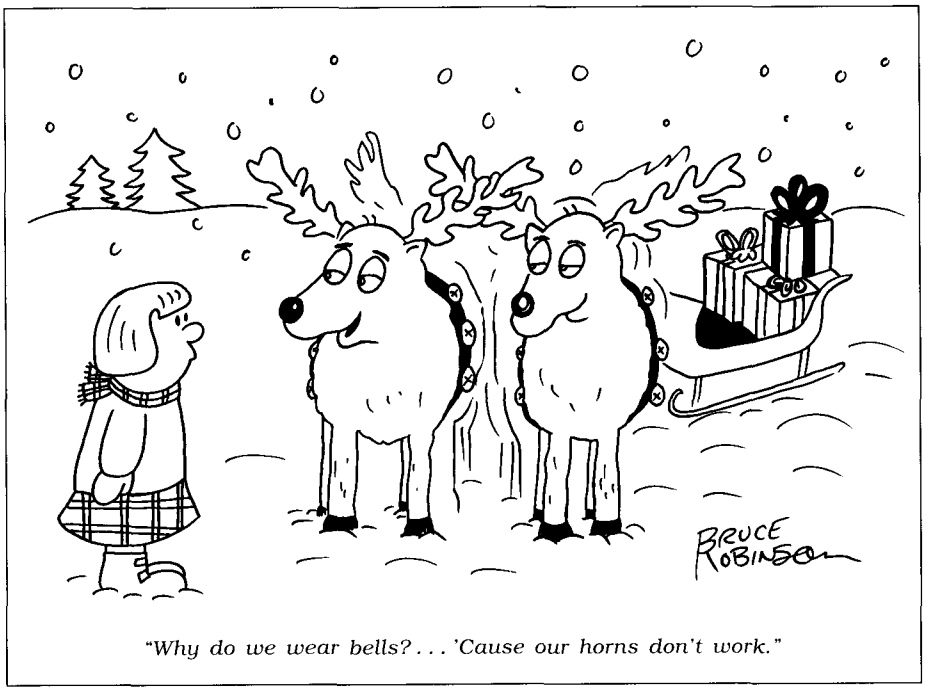
an exercise physiologist at the Minneapolis Medical Research Foundation. "One theory is that when exercise damages soft tissues, it activates macrophages—an important cell in the immune system that is a first-line defender against foreign invaders like viruses and bacteria. Macrophages may be called in to repair damaged tissue during and after exercise, and this may activate these cells and enhance their ability to fight tumor cells, viruses, and bacteria."

Some animal studies suggest that exercise may reduce tumor growth. When mice were injected with tumor cells, "they all developed tumors, but the animals that exercised developed fewer tumors than the sedentary ones," notes Laurie Hoffman-Goetz, professor of health studies at the University of Waterloo in Ontario.

But for now, the only statement scientists can definitively make about exercise and cancer prevention is that a sedentary lifestyle is unhealthy. "There are many positive health effects of exercise—such as mood enhancement, stable body weight, and reduced body fat—that also may indirectly have an impact on cancer risk," Hoffman-Goetz says. "So being active seems like a healthy lifestyle recommendation to make."



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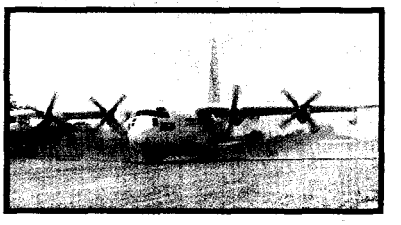

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"Doctor, Why Do These Bible Foods Have Amazing Healing Properties?"

Interview with Dr. Patrick Quillin–by Tom Kennedy

(SPECIAL)—A doctor specializing in nutrition has discovered that foods mentioned in the Bible contain certain natural bio-chemicals that have remarkable healing abilities: anti-tumor, anti-virus, anti-colds, anti-aging, anti-bacterial, lower cholesterol, help arthritis, help constipation, relieve gas, anti-blood clot, fight infection, reduce inflammation, boost the immune system...and more.

Dr. Patrick Quillin is an internationally respected authority on nutrition listed in "Who's Who In Science." His most recent book, "Healing Secrets From The Bible," was inspired by the many health tips contained in the Bible. Being a health writer, I had some questions for Dr. Quillin. Here's what I learned.

QUESTION: *What specific foods are mentioned in the Bible and what makes them so special?*

ANSWER: I call them Superfoods because of their extraordinary health properties. One example is garlic, which is mentioned in the book of Numbers (11:5). In rigorous scientific studies, garlic has been found to lower blood pressure, cleanse the blood of impurities, increase vigor, jump start the immune system, and more.

Apples are another example (Song of Solomon 2:5). They can help lower cholesterol and help cleanse the colon of toxins. The herb hyssop is also a good detoxifier: Psalm (51:7) says, "Cleanse me with hyssop and I will be clean..."

Honey is another Superfood. It is mentioned in Proverbs (25:16), Genesis (43:11) and Deuteronomy (8:8). It is a good source of bioflavinoids which help slow down the aging process and fight infections. Honey has strong antibiotic properties and has sleep-inducing sedative and tranquilizing abilities, too. These are just a few examples of the Superfoods I have included in my book in the section titled "Guide to Nutritional Medicines."

QUESTION: *What kind of Nutritional Medicines are listed in "Healing Secrets From The Bible?"*

ANSWER: It contains hundreds of nutritional treatments for a wide variety of ailments, such as **allergies, arthritis, anxiety, alcoholism, asthma, backache, bladder infection, bruising, burns, canker sores, carpal tunnel syndrome, cataracts, cold sores, colds and flu, constipation, dandruff, diarrhea, eczema, fatigue, gallstones, gout, hay fever, headache, heart disease, heartburn, hemorrhoids, high blood pressure, impotence, indigestion, inflammation, insomnia, irritable bowel syndrome, kidney and bladder problems, memory improvement, migraines, muscle cramps, nail problems, nosebleeds, obesity, pain control, prostate problems, psoriasis, senility, sinus problems, stop smoking, ulcers, varicose veins and more.**

QUESTION: *It sounds like you really know nutrition. What is your background?*

ANSWER: I have a Doctorate in Nutrition and I am a Registered Dietician. I am also a Certified Nutrition Specialist. I am currently vice president of nutrition for a National Cancer Treatment Center. I have spent 17 years of my career in nutrition and have spent nearly 2 years researching and writing *"Healing Secrets From The Bible."*

QUESTION: *The Bible was written a long time ago. Can the principles it contains be applied to modern life?*

ANSWER: Absolutely. The Bible is a timeless manual of both spiritual and physical life. It contains true wisdom. God engineered food to contain powerful, health-giving bio-chemicals. Food can either be a contributing risk factor to a disease, or a natural healer. The choice is ours. God gave us free wills. It is quite clear. God wants us to be healthy and the Bible tells us how.

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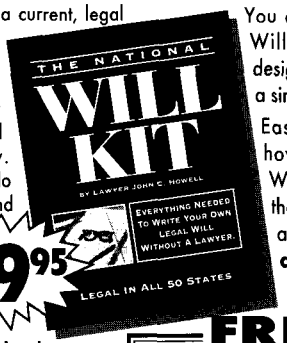
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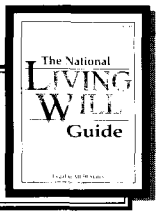

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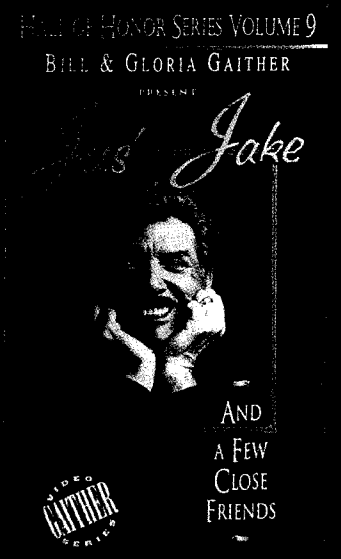

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OUTWARD BOUND

Out of their ruts and into the wilderness, senior adventurers pursue their not-so-impossible dreams.

by Carolyn Curtis

Charles S. Miles was a little concerned about his age when he called the Hurricane Island Outward Bound school in Rockland, Maine.

He had yearned to master the skill of kayaking since he was a teenager. Now, more than a half-century later, the 72-year-old tentatively inquired whether the program famous for its physical rigors enforced an upper age limit.

"Well, if you're over 90, you'll need your mother's permission," he recalls a chipper voice telling him. Instantly, Miles caught the spirit of Outward Bound.

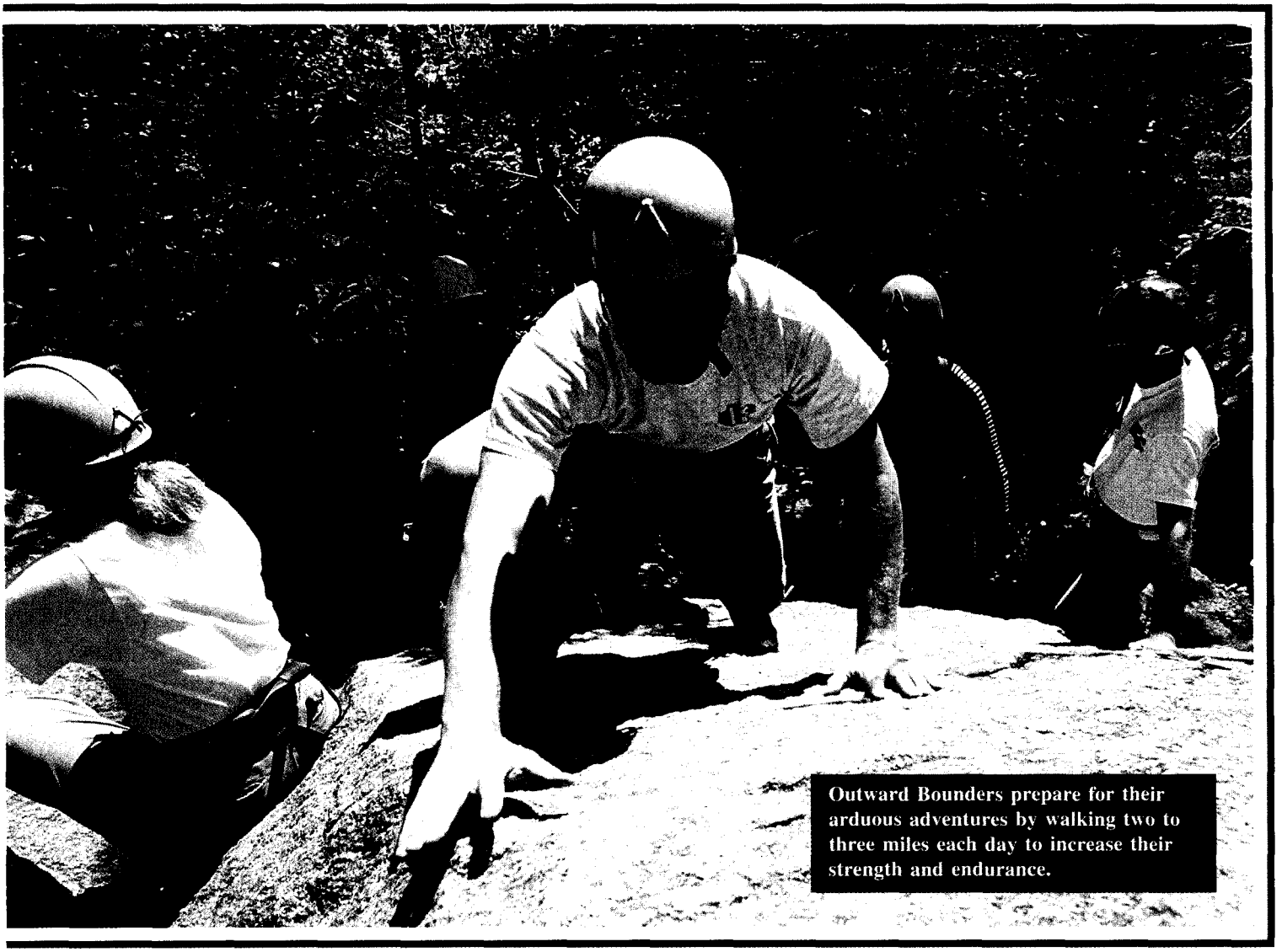
So why would a senior citizen, who might seem more in his element vacationing on a chaise lounge sipping iced tea, *intentionally* spend time struggling out of a kayak-turned-turtle to sputter through chilly waters seeking daylight only to enthusiastically right his boat, climb back in, and ask for more?

Miles, a Connecticut publishing executive, participated in many such drills to learn the dynamics of kayaking and practice newfound skills such as freeing himself from the cockpit of a capsized kayak. His week-long learning adventure—heavy on experience and light on lecture—was based on the saying, "What I hear, I forget; what I see, I remember; what I do, I know." Yet he found it was not a boot camp. Outward Bounders are also fond of saying, "We're not out here to rough it. We're here to smooth it. Things are rough enough in town."

Miles enrolled in the Hurricane Island program to have fun, to learn new skills under the tutelage of highly experienced, safety-conscious instructors, and to stretch his limits. He was in search of a new perspective on life.

What he learned was more than how to pack his kayak gear into waterproof compartments, how to identify navigational buoys, how to chart a course with a compass, how to paddle efficiently, and how to handle emergencies. Miles learned about himself.

"I found I'm capable of doing more than I thought, have more guts and



Outward Bounders prepare for their arduous adventures by walking two to three miles each day to increase their strength and endurance.

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endurance than I gave myself credit for having," he reflects two years later. "It changed my life. I gained a deeper appreciation for the beauty of nature and a concern for the environment. I felt a great sense of accomplishment in meeting the physical challenges. The mental stimulation gave me tremendous insight into how to live a more vibrant, active life."

This summer he is scuba diving, "a continuation of the adventure I began in Outward Bound," he notes.

And then there's Valerie Lanning, who traveled from her heartland home in Missouri to sail the craggy coast of Maine. She recommends Outward Bound for older adults because "it's an empowering experience."

She remembers her fellow shipmates: a man who had successfully recovered from a heart attack, a man who had recently lost his only child to cancer, a woman adjusting to divorce after a lengthy marriage, a woman widowed when her husband died in a sailing accident and "who chose to face her demons."

"Some of us were just there for adventure. I was trying to determine if there's still an eagle within me," she recalls. "And I found out. There is."

Miles and Lanning are among the increasing number of seniors enrolling in Outward Bound programs geared specifically for people in their advanced decades. As you read this, enrollees—on advice of Hurricane Island literature sent in preparation for an expedition—are walking two to three miles per day to increase their strength and endurance. In late August and early September, they will arrive in Maine to sail, canoe, and backpack with fellow adventurers no younger than 40. Earlier this year, the Hurricane Island school sponsored midwinter sailing expeditions in the warm Florida waters for people 50 and older. More such programs—grouping older, vibrant people with others in their age range—are planned for 1996.

However, seniors should not kid themselves. Although previous experience in the outdoors is not required or even necessary (as brochures explain), older participants will be challenged physically by heavy gear, unpredictable weather, and shipmates with varying ranges of strength and skill. But that's the idea: challenge. It's one reason they choose such an adventure instead of, say, a luxurious cruise or a week at a beach resort.

History of Hurricane Island

The very name Hurricane Island bespeaks the challenges of life along Maine's rugged, rocky shore. Lying one mile southwest of Vinalhaven at the entrance to Penobscot Bay, its bold southern harbor faces the open Atlantic Ocean. Its protected eastern coastline offers access to more sheltered waters in the bay.

The tiny island's past is testimony to nature's resilience. It has been covered with spruce, layered with Native American artifacts and oyster shells, denuded by immigrant quarrymen, smothered again with spruce, and finally tamed into a natural—but managed—wilderness now leased by Outward Bound's Hurricane Island school. Bushwhacking through the impossibly thick overgrowth in 1963, Peter and Betty Willauer found the remains of a thriving granite-quarry community abandoned abruptly in 1914.

Hurricane's industrial era began in 1870 when the federal government undertook the nation's first ambitious public works project by paving America's city streets that, until then, were covered in uneven cobblestones or left in dirt. Quarries sprung up on Maine's granite-covered islands that, because of access to water transportation, had a competitive edge over mainland quarries.

General Davis Tillson, a West Pointer who served with distinction as a Civil War artillery officer (despite losing a foot during a tragic accident), purchased Hurricane Island for $50. With a military and engineering background, plus his inside track to Washington's contracting procedures, Tillson cashed in on Hurricane's rich granite lode.

Soon Tillson moved enough workers to establish an impressive community infrastructure. With a population of 1,500 at the height of production, Tillson's island boasted a well-stocked company store, a two-story school building with concert and lecture halls, six three-story boardinghouses, 50 single-family homes, a quarry face 60 feet high by 200 feet wide, railway racks with steam cars running all over the works, six sheds housing 50 men each to carve and polish stone, a blacksmith shop with 24 anvils, a polishing mill with three large lathes capable of holding columns up to 10 tons in weight, and a wharf with a massive crane that could lift blocks up to 20 tons. Hurricane Granite Company produced granite for such well-known buildings as the New York Public Library and the Metropolitan Museum of Art.

The enterprising Tillson cashed in on other island resources by opening a canning factory that processed clams, lobsters, and mackerels.

Life wasn't bad despite the harsh weather that blew in from the Atlantic across an island dedicated to mining, which meant it was stripped of most trees, soil, and bedrock. On weekends, two bands, followed by children, marched around the island, merging at a bandstand erected for well-attended concerts. A dance pavilion was raised. Many homes boasted pianos, and youngsters took music lessons. The Catholic church was equipped with stained-glass windows, an organ, and an altar blessed by the Pope.

Indoor recreation during bitter winters was confined to activities in Socialist Hall, also known as Anarchist Hall among European workers who, dumped directly onto Maine islands and usually without the formalities of immigration, brought radical ideas from abroad.

One thing was missing: liquor. By order of the teetotaling—and frequently bombastic—boss, drinking was forbidden, perhaps as much due to safety requirements of quarry work as to Tillson's dominating personality. However, island histories note that at least one ship hovered offshore doing flourishing business as a floating bar.

Yet as suddenly as Hurricane sprung up to become an important industrial center, the island withered and was abandoned almost overnight when its leader died. As lucrative contracts dropped away, a panic ensued. Families scrambled aboard boats headed for the mainland and uncertain futures, many leaving all worldly possessions behind on the now-scalped mound of rock that measured only one mile long and three-quarters of a mile wide.

By 1914, Hurricane was a ghost town. After the exodus, the island returned to the forces of nature until 1963, when Outward Bound breathed new life into its indefatigable 150 acres.

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"We search out physical activity. We go out and find the edge every day," says Eric Denny, an Outward Bound instructor.

Participants are taxed emotionally as well as physically. They maneuver kayaks, canoes, and sailboats around Maine's 3,500 miles of jagged coastline and 3,000 pristine islands, a watery terrain that has given nightmares to generations of big-ship seafarers but is made-to-order for small vessels. They explore the countless nooks and crannies of America's last intact coastal wilderness. The still-unspoiled beauty of this land is populated by such wildlife as seals, porpoises, herons, osprey, bald eagles, and an occasional whale. On land, they learn to rappel by rope down a sheer rock cliff, to traverse a log 50 feet above the ground, to camp alone in the woods.

Living closely with the elements requires participants' best efforts, however. The thrill of overcoming obstacles individually and as a group is invariably accompanied by moments of stress. Outward Bounders learn independence and, as a team, interdependence. They conquer fear, discomfort, and even decisions with resourcefulness, adaptability, and an openness to change —qualities the school's staff says add a richness to the experience.

And it is a school. Outward Bound —with "schools" in Oregon, Colorado, Minnesota, and North Carolina as well as Maine—uses the wilderness as its classroom and experience as its teacher. The program bases itself on educational philosophies espoused by Kurt Hahn, founder of the first Outward Bound school in Wales in 1941. The program's stated underpinnings are service and human dignity, enterprising curiosity, tenacity in pursuit, an undefeatable spirit, sensible self-denial, dynamic leadership, commitment to teamwork, and respect and compassion for self and others.

Hahn established his school in response to the alarming loss of British merchant sailors under attack by German U-boats during World War II. This motivated him to "train citizens who would not shirk from leadership and who could, if called upon, make independent decisions, put right action before expediency and the common cause before personal ambition."

Hahn noted that, during the early attacks, younger and stronger men were dying, while older and more experienced seamen survived. The quickly mounting losses suggested to him that success in meeting severe challenges depended more on attitude than on physical prowess. Then, as today, age was not a limitation but an ingredient for success.

His idea spread rapidly. Today, Outward Bound operates schools and bases on five continents. The Hurricane Island school was founded in 1964 by Peter Willauer, who was searching for a vehicle to teach people about themselves. Seafaring experiences sparked the imagination of Willauer, who wanted to use sailing to make better people, not simply turn people into better sailors.

"I'll trade you a pair of socks for a toy, Jimmy."

Willauer's vision resulted in the revitalization of an island abandoned 50 years earlier, a latter-day Pompeii that had become an overnight ghost town when quarrymen and their families, 1,500 strong, scrambled to the mainland 12 miles away in search of greater prosperity, newer industrial horizons.

The boating enthusiast-turned-mathematics teacher and his wife, Betty—searching for both an Outward Bound location and a lifestyle change of their own—sailed into Hurricane Sound aboard a borrowed yacht in 1963. Among the overgrowth of spruce that had smothered roads, buildings, houses, and other signs of civilization left behind by granite workers, the Willauer couple discovered deeply scooped rock quarries and freshwater ponds. Quickly, they recognized the potential for the sort of onshore wilderness adventures for which Outward Bound was becoming known in the United States. Already they appreciated the opportunity for spectacular boating experiences in the hospitable, sheltered waters of island-studded Penobscot Bay, one of the world's great cruising grounds.

The next year, Hurricane Island was born—or reborn—as a school for learning to contend with challenges of outdoor living on land and sea.

Willauer's successors continue the tradition of helping students meet challenges, take calculated risks, and develop confidence. Current Hurricane Island president Joan Welsh stays abreast of the training experiences her staff of 600 offers by herself participating in four or five courses each year.

"I never tire of these opportunities because I am recharged, revitalized, and inspired to lead a life of learning and exploration within myself, within my community, and the world around me," Welsh says. "I am renewed to pick up my work and home life again in a more compassionate and caring way. I am happier. Life is simpler, and I need less. I serve others better. My thoughts are clearer." ▲

FOR MORE INFORMATION

Contact the Outward Bound national office, Route 9D, R2 Box 280, Garrison, NY 10524-9757, 914-424-4000, 800-243-8520, or any of the five U.S. schools: Hurricane Island, P.O. Box 429, Rockland, ME 04841-0429, 207-594-5548, 800-341-1744; Colorado, 945 Pennsylvania St., Denver, CO 80203-3198, 303-837-0880, 800-477-2627; North Carolina, 121 North Sterling St., Morganton, NC 28655-3443, 704-437-6112, 800-841-0186; Pacific Crest, 0110 South West Bancroft St., Portland, OR 97201, 503-243-1446, 800-547-3312; Voyageur, 111 Third Ave. South, Minneapolis, MN 55401-2551, 612-338-0565, 800-328-2943.

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Homocysteine

continued from page 47

of Medicine. Dr. Efron figured out that the child who had died in 1932 must have had homocystinuria because he had dislocated lenses and certain other abnormalities.

After the genetics unit's members had discussed this interesting case, they asked me to examine the pathological changes in the arteries. I found this old case, relocated the slides and the blocks, and restudied the case. I felt that this was extremely interesting because it was an eight-year-old boy who had died of a massive stroke: the boy had hardening of the carotid arteries to the brain. Dr. Tracy B. Mallory, who discussed the case at that time, said that the arteries looked as if they were from an elderly person. The doctors in the '30s knew that this was some sort of unusual genetic disease, but they did not know which one. It wasn't until 1965 that Mary Efron figured it out.

When I studied this case, I was fascinated by the possible connection between homocysteine and both the thrombosis and hardening of the carotid arteries. I reviewed the literature to find out what was known about the disease at the time. There were a number of good publications in the field, though nobody yet used the words "arteriosclerosis" or "vascular disease." The publications showed pictures of vascular hardening of the arteries but didn't use the word. The only person who used the word was Dr. Mallory in 1933: he used the word *arteriosclerosis*. Several articles pointed out that this change in the arteries and the tendency to develop blood clots and thrombi could be due either to the homocysteine or to the elevated methionine, which is a closely related amino acid; or it could be due to a deficiency of cystathionine, the next chemical in the degradation pathway of homocysteine. So it was up in the air why these children developed the vascular disease.

Several months later, members of the genetics unit presented a second case, only this was a two-month-old baby. The baby also had homocystinuria. In other words, he had high levels of this chemical homocysteine in the blood. In addition, he excreted cystathionine, the next step in the excretion pathway of homocysteine. Cystathionine in the urine meant that the patient did not have the first disease, homocystinuria; in other words, there was a different enzyme defect in this little baby. The case was investigated very thoroughly at Massachusetts General Hospital, the National Institutes of Health, and Brandeis University. They figured out that this baby had a defect in methyl transferase—an enzyme that requires folic acid and vitamin B_{12} for production of methionine from homocysteine. Because of this deficiency, homocysteine could not be remethylated, or converted back to methionine, and thus homocysteine built up in the plasma and cystathionine was excreted. The original case of homocystinuria in the eight-year-old boy involved a different enzyme, cystathionine synthetase, in which the child couldn't form cystathionine. The two-month-old baby turned out to be the first case in world literature of the even rarer condition, cobalamin-C disease. When asked about the arteries, or pathology, of this second case, I became very excited because I realized that if my idea was right, homocysteine should also have damaged the arteries of this child. Because of the different patterns of the metabolism, it was possible to pinpoint the damage to homocysteine in these two separate cases. In the earlier case, the cystathionine concentration was diminished, whereas in the second case it was elevated. Similarly, the methionine concentration in the first case was elevated, but in this baby it was diminished so that the factor the two cases had in common was elevation of homocysteine.

I went to the files and got out the case. The patient had been autopsied at Massachusetts General Hospital by a very good resident who has since become a well-known professor of hematology. The case had been filed away and forgotten. I started reading it to find the resident's description of the arteries. The history contained a beautiful description of the metabolic changes and the enzyme studies, but when it came down to the arteries, there wasn't much in the report—just a few minor abnormalities noted in the liver and peculiar changes in the stomach. I was really disappointed—maybe my idea was wrong. I went to find the slides from the case. Fortunately, I discovered that the resident had saved all the tissues in formaldehyde. I restudied the case, examining very meticulously all the arteries in the different organs. The child had rapidly advancing vascular disease even at the age of two months: hardening of coronary, carotid, pulmonary, the renal arteries—all the arteries of the body had these changes and were practically identical to what I had found in the previous case of the eight-year-old boy. I became extremely excited! I realized that by analyzing the metabolic pattern in these two rare genetic cases, one could conclude that the elevation of homocysteine was damaging the arteries.

When I discussed the case with a colleague, we both recalled a paper by Rinehart and Greenberg published in 1949 that concerned chronic deficiency of vitamin B_6 and arteriosclerosis in monkeys. Nobody had been able to explain this observation over the years. It was obvious to me

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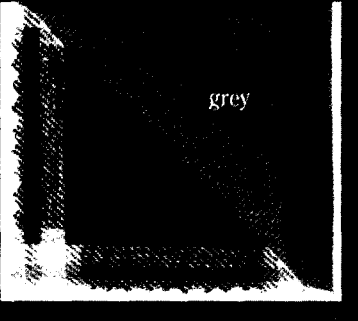

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that the enzyme that metabolizes homocysteine requires vitamin B_6, so Rinehart's monkeys were probably building up their level of homocysteine in the blood because of a lack of B_6. Another important paper was from Hartroft, Best, and their colleagues from Toronto. They had shown in 1952 that in rats, a deficiency of choline, a component of lecithin, produces arteriosclerosis. Nobody could explain this finding very well. This was the animal model for the methyl transferase deficiency. As it turns out, we now know that vitamin B_6 and choline deficiencies are associated with elevation of the blood homocysteine levels, just as I had theorized in 1969.

On the basis of all this, I published my first paper in the *American Journal of Pathology* in 1969, in which I suggested that the damage to the arteries in these two cases was caused by the elevation of homocysteine. I explained these two important animal models. Then, because of my general knowledge of arteriosclerosis, of homocysteine, and of methionine metabolism, I proposed a theory of vascular disease in the general population. I suggested that elevation of the blood homocysteine level could result from different factors: genetic, dietary, and toxic factors such as smoking. This amounted to a hypothesis concerning the basic cause of arteriosclerosis. That's the story of how I discovered it. The rest is how I investigated this hypothesis.

PP: You recently attended the first International Conference on Homocysteine? What happened there?

KM: It was very interesting. It was held in Dromoland Castle in County Clare, Ireland, in the first week in July. I was one of 32 invited speakers who lectured on different aspects of homocysteine metabolism and disease. In addition to the lecturers, more than 300 participants came from all over the world. The scientists presented information, data, and papers on 120 studies done within the past few years, building on the observations published in the literature by me and others. The conference demonstrated that the study of homocysteine is an exploding field in medical science. Scientists have extended the research to include all different aspects of vascular disease. There was also a very important series of observations on neural tube defects, which I'm sure you know about: mothers of babies with neural tube defects have folate deficiency and elevation of blood homocysteine. There were also interesting discussions about the abnormalities of homocysteine metabolism in cancer.

PP: Could you tell us about that?

KM: This connection has been known for a number of years. As a matter of fact, I made what I feel is one of the very important observations in 1976. I showed that cancer cells have an abnormality of homocysteine metabolism in which there is a total block in the ability of cancer cells to convert homocysteine thiolactone to sulfate. The thiolactone is an anhydride—a very active form of homocysteine. I showed in my culture of cancer cells that homocysteine built up in the thiolactone form, and it reacted with the proteins in the cancer cells. My theory is that normal cells have a substance containing homocysteine which prevents this buildup of homocysteine thiolactone, but malignant cells do not. Other investigators showed that cancer cells grow very poorly on homocysteine: they cannot use homocysteine and folic acid for growth. There are a few exceptions, but for the most part, about 95 percent of cancer cells do not grow well in these culture conditions. Scientists have been trying to figure out the reason for this response. And there are other interesting relationships between homocysteine metabolism and cancer.

PP: When you are talking about cancer now, do you also speak about

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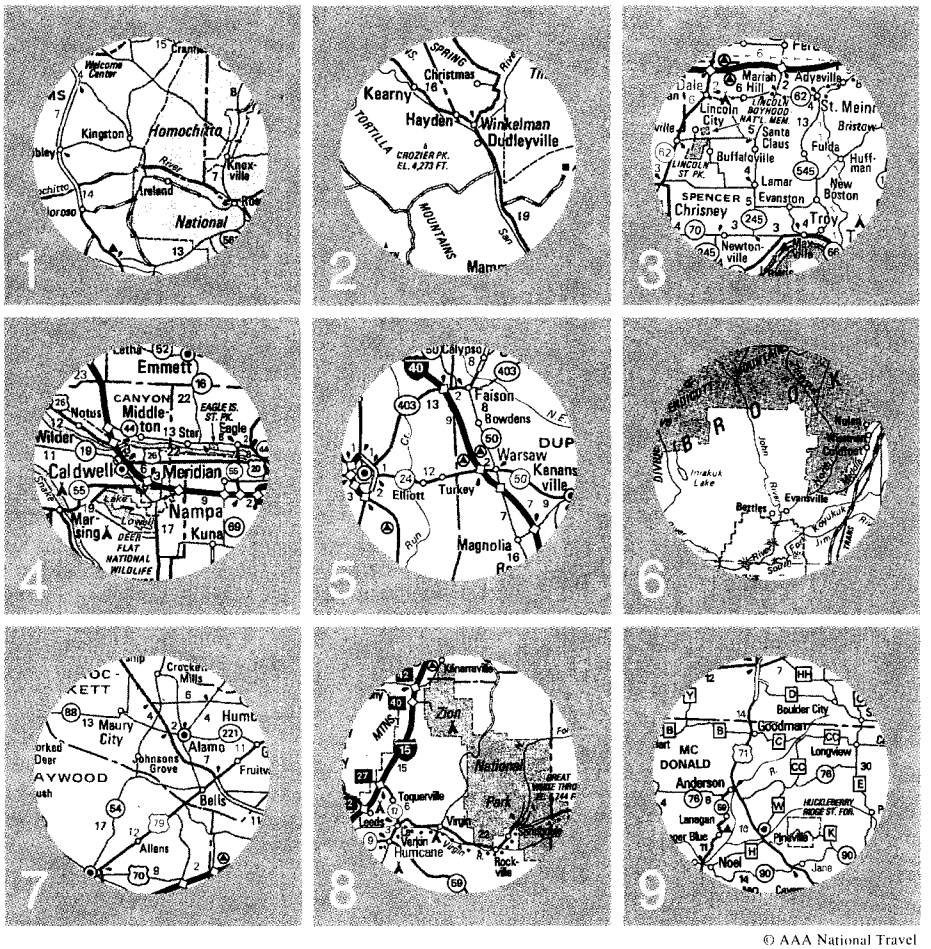

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(Answers on page 95)

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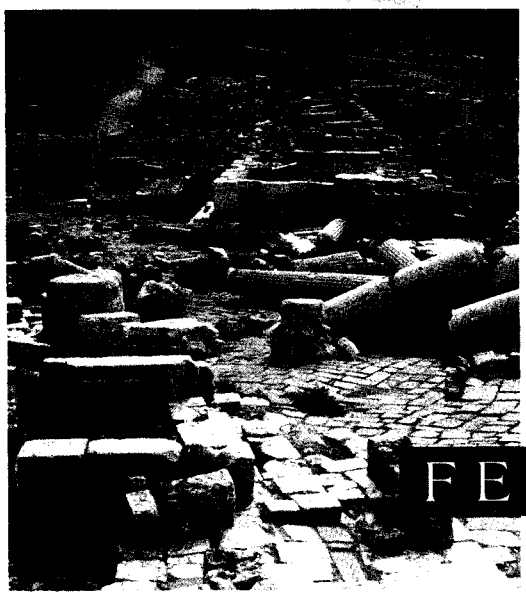

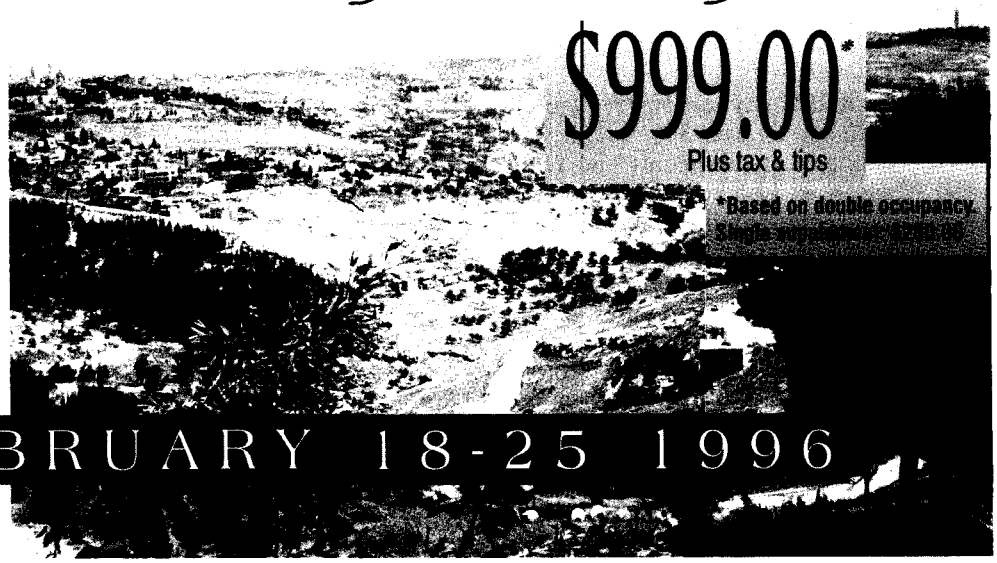

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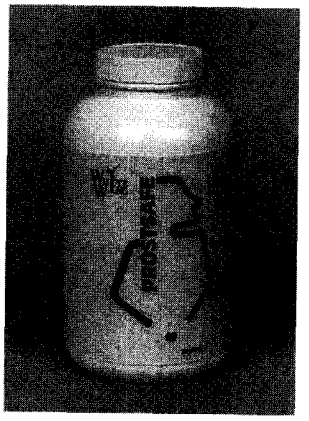

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Homocysteine

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some sort of preventive role—for example, supplementing with folic acid or vitamin B_6?

KM: Yes. A very interesting series of studies has been published on premalignant changes in the vaginal tract, bronchus, and colon. A book published about three years ago titled *Micronutrients in Health and Disease Prevention* has a chapter called "Folate Deficiency" by Butterworth. The link is pretty well established. He talks about folic acid and DNA methylation that is abnormal in cancer cells. The clinical studies involve leukemia, cancer of the esophagus, and squamous metaplasia of the bronchus. Some of this material was discussed in the meeting. It has become clear that folate deficiency and cobalamin (vitamin B_{12}) deficiency lead to elevation of the homocysteine level. Folate deficiency is potentially carcinogenic under certain circumstances, and it's probable that the elevation of homocysteine is related.

PP: Doctors seem guarded in announcing too much about homocysteine and its role in disease. Why?

KM: I think that the studies from the Framingham Study have shown that a significant portion of the population, particularly among the elderly, are significantly deficient in folic acid, both by direct assay and by measuring elevation of the homocysteine levels. I know that there is hesitancy to discuss relationships to disease. The National Research Council has proposed lowering the recommended dietary allowance (RDA) for folic acid from 400 to 200 micrograms (mcg) per day. The reason for the recommendation is that so many people have low levels. The answer, in my opinion, is not to lower the standard but to find out why so many people are deficient in folic acid. I don't share this hesitancy to discuss the matter. I think that people should know that a significant fraction of the population is deficient in folic acid.

PP: Any hunches as to why? Or is it a combination of factors?

KM: It's very clear. There are several factors. The first reason is that people don't eat enough fruits and vegetables. This is clearly documented. The second reason is that folic acid is one of the vitamins that is very sensitive to heat and chemical degradation during food processing. If

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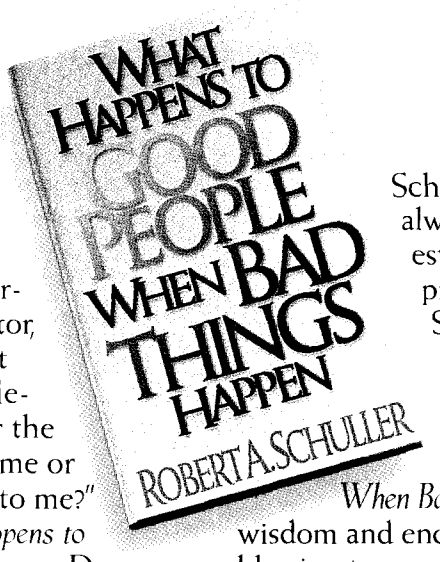

When tragedy rips the soul and pain buries the spirit, it's natural to become discouraged and even bitter. With this understanding, Robert A. Schuller, pastor, bestselling author, and frequent speaker on the *Hour of Power* television program, has answers for the question everyone asks at one time or another: "Why did this happen to me?"

In his new book, *What Happens to Good People When Bad Things Happen*, Dr. Schuller reminds us that a ray of hope always shines through even the darkest times of life. Drawing insight primarily from the book of Psalms, Schuller shows how you can appropriate God's blessings right now — even when your life seems to be in a shambles.

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people eat a lot of fats, sugars, and processed foods, they're depriving themselves of folic acid. The third point is that—for reasons not entirely clear—plasma levels of B vitamins, especially B_6, decline with aging. And I believe that folic acid does also. It may be part of the aging process. There may be multiple reasons for folate deficiency, but I think the most important reason is nutritional.

PP: What about supplementation?

KM: Proposals have been made to add folic acid in small quantities to the diet in general through flour and other widely used nutrients. The rationale so far has been to prevent neural tube defects. But I think that a case could also be made for preventing hyper-homocysteinemia, which is correlated with susceptibility to vascular disease.

PP: Was there discussion of homocysteine-level tests making their way to the general market?

KM: Most information is based on currently available methods. These methods for monitoring homocysteine are relatively expensive and, although quite a number of analyses have been done, they are not really well adapted to clinical laboratories; they're basically research tests. The method is the high-performance liquid chromotography test. You can get it done by MetPath or Smith/Kline: it's in the range of $100 per test. We'd like to get it down to the range of one dollar per test so that it would be more widely available to clinical laboratories.

PP: As the science emerges about the role of homocysteine in cardiovascular disease, do you envision a point when insurers and others will recommend a test to monitor homocysteine levels because it plays an intrinsic role in predicting and possibly preventing cardiovascular disease?

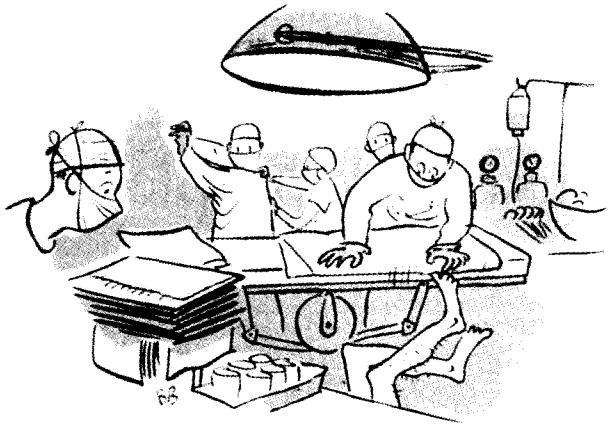
KM: I think that this is coming, but I don't know when it's going to happen. The main stumbling block at present is the unavailability of an inexpensive, automated test for clinical laboratories. As soon as an inexpensive test is marketed, I think it will become part of the diagnostic armamentarium for monitoring vascular disease.

PP: In all of this new information, is there a general message to the public? Are you saying that homocysteine is an important element to be aware of and at this point you can get adequate protection by eating fresh fruits and vegetables and through supplementation?

KM: The whole subject of prevention is under discussion: there were quite a few discussions at the meeting in Ireland. It is clear that if you follow a lifelong pattern of optimum diet, you will be protected, at least partially, both from vascular disease and cancer. There was quite a bit of discussion by many investigators about the reason for this, but I believe that it's due in part to the content of folic acid and pyridoxine in fresh fruits and vegetables. A study from Johan Ubbink of South Africa shows that this type of diet will lower homocysteine levels in people who have elevated levels, even in the short term. But in addition, supplementation by vitamin B_6, B_{12}, and folic acid also will lower the homocysteine level, even without a change in diet. I recommend diet as the first line of defense against disease because many other benefits come with this diet—for example, prevention of cancer, heart disease, certain other diseases, including arthritis. A wide variety of degenerative conditions associated with aging can be ameliorated or may be prevented by eating an optimum diet. I'm talking about an optimum diet of ten servings a day of fresh vegetables and fresh fruits. Very few people follow such a regimen. I do.

PP: You do?

KM: I have for many years. I was blessed as a child by having parents who were very interested in nutrition. I was always given a very nutritious diet of fresh fruits and vegetables. When I got married, my wife and I decided that proper nutrition was one of the things that we were going to focus on all our married life. After 40 years, we're both healthy. So far, so good.



You Be the Judge

by José Schorr

The surgeon, on entering the operating room, was shocked to see the unconscious patient lying on the operating table unstrapped. He snapped directions to the orderly to get a strap. The orderly, who had been holding onto the patient, let go to comply. The patient rolled to the floor and was injured. Upon recovering, he sued the surgeon.

"It was the surgeon's fault because he instructed the orderly to leave me lying there unconscious and helpless while getting a strap," the patient argued. "He should have had someone else look after me meanwhile."

"It wasn't my fault if the orderly was too stupid to ask someone else to hold you down while he got the strap," the surgeon replied. "I didn't hire the operating-room staff, nor should I be expected to do their jobs in addition to my own."

If you were the judge, would you make the surgeon pay?

The surgeon paid. The court said that the patient, "helpless under the anesthetic, is absolutely at the mercy of the surgeon who is the master of the operating room. If the surgeon were not held responsible for the negligent performance of those working under him, the law would fail in affording a means of redress for preventable injuries sustained from surgical operations."

Based upon a 1957 Colorado decision.

Herpesvirus

continued from page 57

was considering castration. He traveled to Israel to look into surgery. While there, somebody suggested that he take lysine. He took lysine, and his infection cleared up. This is just one of the more dramatic stories.

"When I was a medical student at UCLA, I had a patient suffering from lymphoma. She also had

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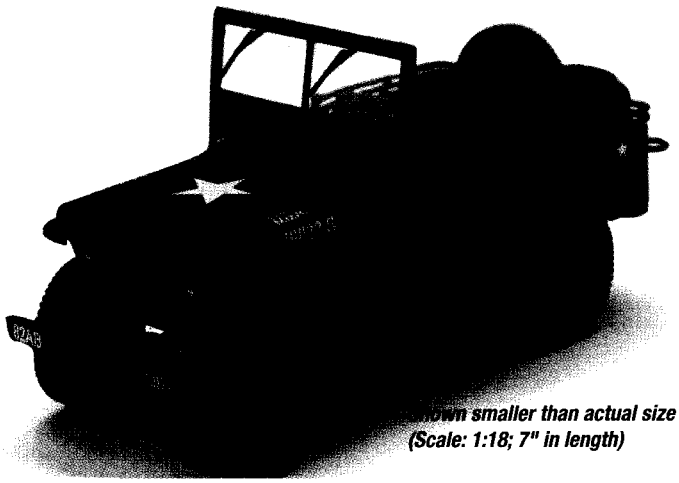

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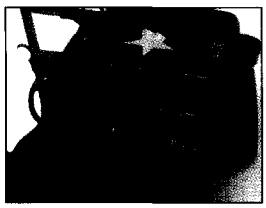

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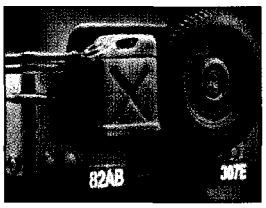

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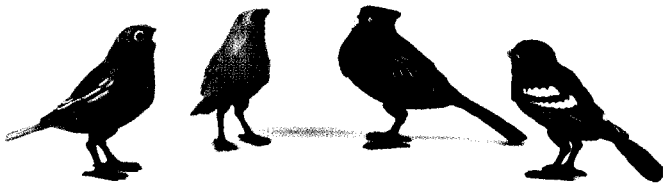

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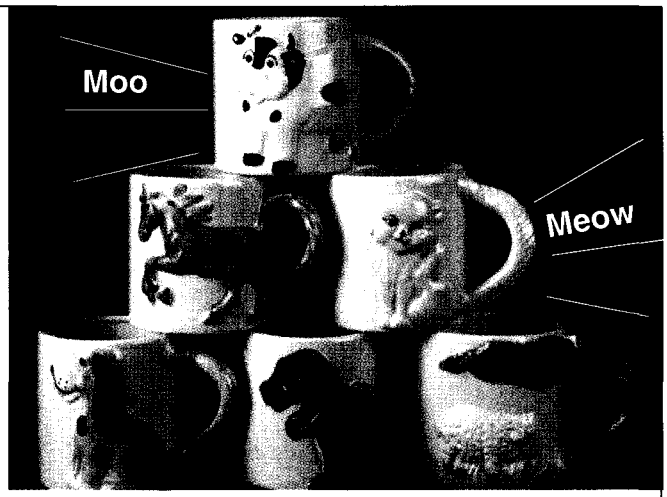

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severe herpes lesions on her skin. When we were on rounds, she was complaining about her herpes more than anything else.

" 'I'm dying from lymphoma,' she would say, 'but my main wish is to get rid of this herpes infection.'

"I said, 'Well, I can clear those up for you.' So I brought her some lysine tablets. Three or four days later, the lesions were healing. Within a week they were virtually gone, and the 'rounders' (residents on rounds) noticed. They said, 'What happened?' She simply replied, 'Isn't it wonderful!' "

More and more links are being discovered between herpesviruses and various diseases, including cancer. *The New England Journal of Medicine* (January 5, 1995) carried an account of the discovery of Epstein-Barr virus in a rare cancer of smooth muscle cells from an immunocompromised patient. In another report (*Cancer Research,* January 1, 1995), a British team identified Epstein-Barr virus in breast cancer cells.

"If lysine inhibits the Epstein-Barr virus, it might work in Epstein-Barr related tumors," Dr. Kagan says. "If herpesviruses are causing other diseases, I believe lysine may help in those cases. Some people are still skeptical that lysine works on cold sores. Once people understand that it does, they will want to know what other herpes-related diseases might be helped by lysine."

Dr. Kagan's voluminous files of related research contain many tantalizing clues he believes deserve to be studied further.

An *Archives of Internal Medicine* article (Dec. 1979) "Herpes Simplex: The Great Masquerader," for example, concluded that ". . . herpes simplex infection represents the great masquerader of our generation and is probably the causative agent in such diverse diseases as migraine, tension headache, acute vestibular neuritis, Ménière's disease, Globus syndrome, and other poorly understood forms of head and neck symptoms." Dr. Kagan also mentioned studies concerning Bell's palsy and Ménière's disease, which he told us, ". . . in some instances were treated successfully with lysine."

There may even be a connection between heart disease and herpesvirus, he believes. Researchers in Pennsylvania found that herpes simplex infection in blood vessel endothelial cells can lead to vasculitis, an inflammation of the blood vessels, and postulated that similar insults to the blood vessel walls could have a role in atherogenesis (*Medical World News,* February 1984). Also, cytomegalovirus was found in plaque removed from the aortas of patients undergoing endarterectomy.

Another interesting connection has to do with autoimmune diseases. A team of researchers headed by Drs. Sherman Fong and John Vaughan at the Scripps Clinic and Research Foundation in LaJolla, California, observed that herpes Epstein-Barr virus in bone marrow cells stimulates the secretion

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The winner of the Nov./Dec. 1995 contest will be announced in the March/April 1996 issue.

Our congratulations and a check for $100 go to Karilee Hayden of Ithaca, New York, for the winning entry in our July/August 1995 caption contest.

Search for gas in a vast no man's land
Leads two men through the hot desert sand.
But there's no way of knowing
If they're coming or going
When they meet—each with gas can in hand.

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of autoantibodies—antibodies that attack the body's own tissues (*Journal of Immunology*, Nov. 1982). The scientists noticed that the amount of autoantibody produced increased with the age of the bone marrow donor. One of the autoantibodies identified was designated as rheumatoid factor because the bone marrow was from patients with rheumatoid arthritis. The researchers discovered that bone marrow culture of women over the age of 60 secreted more rheumatoid factor than that from elderly men or from younger patients of both sexes. This finding coincides with the fact that women are more susceptible to arthritis than men. The team concluded that human bone marrow acts as a reservoir for producing autoantibodies that can be stimulated by EB virus. The size of the reservoir apparently increases with age.

"This research suggests that some autoimmune diseases might have viral causes," Dr. Kagan says. "Nobody can fully explain autoimmune diseases. It might be worthwhile to investigate whether lysine might have a role in the treatment of some autoimmune diseases. All these studies mentioned suggest that a placebo-controlled, long-term study should be done putting people on lysine and comparing the incidence of diseases such as atherosclerosis or arthritis. Nobody has thought about doing such a study. We are spending millions of dollars on research, and this study would be so simple."

A study published in the *Transactions of the Royal Society of Tropical Medicine and Hygiene*, 1980, indicates that dietary lysine may affect the health of populations. A tribe of Masai in Africa's Rift Valley Province, who were receiving shipments of relief food following a period of famine, came down with an epidemic of *molluscum contagiosum* (skin lesions) and oral-genital herpes. The Masai were certain that their diseases were related to a change in diet from mainly milk (high-lysine) to the famine-relief diet.

"I think the Masai were given a high-arginine diet," Dr. Kagan says. "I strongly suspect that had they been given a high-lysine diet instead, they would not have developed herpes. This story emphasizes the importance of avoiding high-arginine foods so as not to interfere with the effectiveness of lysine."

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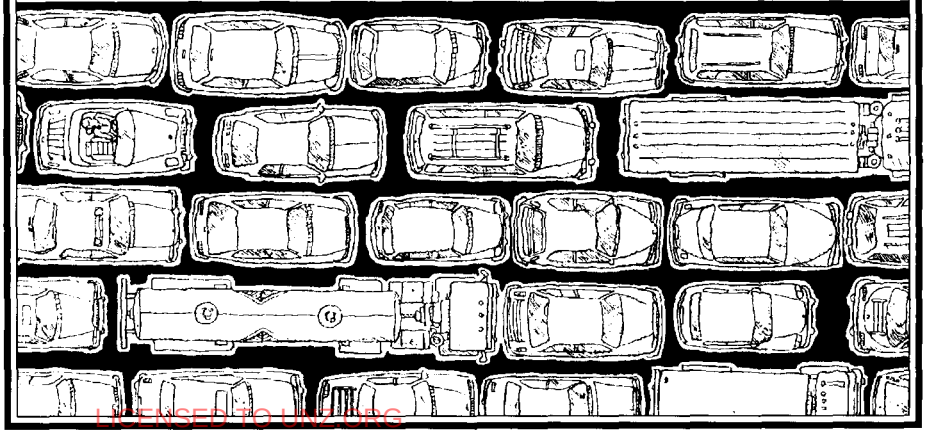

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MEDICAL MAILBOX

by Cory SerVaas M.D.

"When a man is serene and healthy, the pulse of the heart flows and connects, just as pearls are joined together or like a string of red jade—then one can speak of a healthy heart."—*Huang Ti*

Shake the Salt Habit

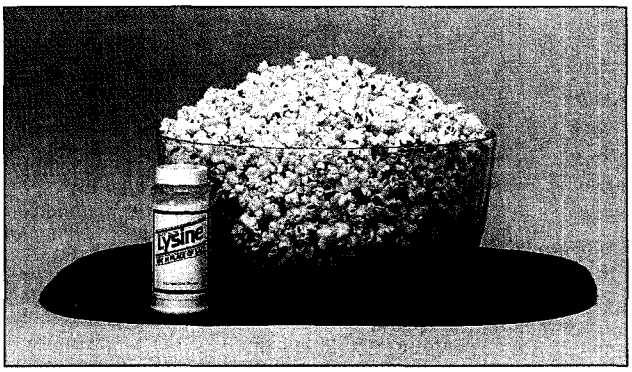
Dear Dr. SerVaas:

I've had hypertension for years, and one of the first things I was told to do was to eliminate salt (sodium) in my diet.

My current cardiologist believes in restricting salt, but not a salt-free diet. My son says results from a recent study on 20,000 men showed that the ones who consumed the least amount of salt were five times more likely to have a heart attack than those who consumed the most salt.

I would appreciate your comments on the place of salt in the treatment of hypertension.

Helen O. Gring
Springdale, Oregon



Reducing the amount of dietary salt by about half helps lower blood pressure in many people. Using crystalline lysine instead of salt in the salt shaker helps accomplish this.

We asked Dr. Myron Weinberger, director of the Hypertension Research Center at Indiana University Medical Center, to answer your question, because he was one of the peer reviewers for the research paper to which your son refers. His response follows:

"Regarding the recent article linking salt intake and heart attacks: This article was published in the June 1995 edition of *Hypertension* on pages 1144-1152. First, let me point out that these are epidemiologic observations which provide *no* evidence of a cause-and-effect relationship. Moreover, the findings may have been confounded by other variables such as drug treatment, severity of hypertension, poor compliance with medication, etc. It is important to note that the inverse relationship between sodium intake and frequency of heart attacks reported in the men in this study is exactly *opposite* the data for women observed in this same study! Finally, the same investigators previously reported that there was a correlation between the levels of plasma renin activity and myocardial infarction in the same population (*New England Journal of Medicine,* April 18, 1991; pages 1098-1104). Plasma renin activity is increased by sodium restriction and reduced by sodium loading, thus introducing another confounding variable.

"That was very unheedful of you, Harry!"

Take-Home Message

"What, then, is the 'take-home' message? About 50 percent of hypertensive patients are salt sensitive, which means that they will have an increase in blood pressure while consuming normal or high levels of dietary salt or a decrease in blood pressure with a *modest* degree of salt restriction. For these individuals, watching the amount of sodium (salt) contained in their food, attempting to reduce it by about half the normal diet content, will help to lower their blood pressure. It does not appear that *severe* salt restriction is required for most people to have a reduction in blood pressure and, indeed, such a severe degree of salt restriction may even be harmful.

"How can modest salt restriction be accomplished in the absence of access to a registered dietician? It becomes necessary to be able to identify the sodium content of the foods used. Learning how to read food labels accurately, learning how to avoid fast foods with high salt content, and learning how to substitute items or to 'budget' one's diet are all helpful approaches. We have developed an easy-to-read, self-instructional manual, *Shake The Habit,* which has enabled many individuals with high blood pressure to successfully reduce their salt intake to levels which have a beneficial effect on blood pressure without the adverse effects associated with severe levels of salt reduction."

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Rosacea: Don't Ignore Symptoms

Dear Dr. SerVaas:

I would like to receive any information that you can give to me on the condition known as rosacea. The condition developed when I was in my early 40s. It has only appeared on the face. Is there any medical help or special diet to date on this condition?

Rose A. Wood
Jacksonville, North Carolina

Perhaps the most famous rosacea case of all time was the late comedian W.C. Fields, whose trademark red, bulbous nose was allegedly caused by rosacea rather than his heavy drinking, portrayed on stage and in films.

Red noses and rosy cheeks may suggest good cheer, but these can also be common signs of rosacea—a conspicuous, and embarrassing, skin condition of the cheeks, nose, chin, or forehead. A recent survey found that 73 percent of Americans have never heard of rosacea (pronounced ro-ZAY-sha), much less recognize its symptoms. Typically, rosacea first strikes adults in their 30s and 40s and tends to grow worse over time if untreated. Symptoms of redness and swelling come and go, at times accompanied by pimple-like pustules. As the disease progresses, the redness becomes ruddier and more permanent. In advanced cases, a swollen, bumpy nose may develop, a condition known as rhinophyma. Rosacea has been depicted in art and literature through the ages. Seen more frequently in fair-skinned people, rosacea tends to run in families, especially those of Irish, English, and Scottish heritage.

Although dermatologists remain uncertain about what causes rosacea, oral and topical antibiotics usually bring it under control. "The prognosis is bright for rosacea because effective medical therapy is available," states Dr. Jerome Z. Litt, assistant clinical professor of dermatology at Case Western Reserve University School of Medicine. Laser therapy has been successfully used to lessen swelling of the nose and remove tiny visible blood vessels. "I also recommend lifestyle and diet changes to decrease the flushing that can trigger rosacea flareups," continues Dr. Litt. "Rosacea sufferers should avoid spicy foods, holiday stress, overexertion, hot beverages, and, of course, alcoholic beverages." Dr. Litt notes that sudden changes in temperature do at times also trigger symptoms.

To promote awareness of the disease, the National Rosacea Society sponsors educational programs and publishes a newsletter. To learn more, write the society at 220 S. Cook St., Suite 201, Barrington, IL 60010.

The Benefits of B_6

Dear Dr. SerVaas:

I have had several medical problems over the past three or four years, mainly diverticulitis, irritable bowel syndrome, and gastritis. In addition, since I was very young, I have awakened every morning feeling dragged out and nauseous.

I heard of some success with giving B_6 to mental patients; it quieted them in a significant way. I decided that since it was a vitamin, I had nothing to lose, so I did begin to take it.

Within a week, I had no more diarrhea or gastritis, no more nausea, and no bile reflux. I would like you to tell me if this improvement is due to the B_6 or if it is my imagination. My physician says he has no concrete information about B_6.

I am a 75-year-old widow, active, and in good health (in spite of the above). I do aerobics three times a week; in fact, I lead the class of younger women. Most people are surprised that I am 75.

Evelyn M. Rapp
Medicine Lodge, Kansas

Christina Ferroli, Ph.D., our *Post* nutritionist, responds to your letter:

"Vitamin B_6 has numerous and diverse functions in the body. For example, B_6 is essential for a process called *gluconeogenesis*, the formation of the sugar glucose from protein and fat to meet the body's energy demands. Vitamin B_6 also helps keep the immune system in tune and ready to combat infections and is important in the formation of red blood cells.

"Recently, it was discovered that a vitamin B_6 deficiency may be a contributing factor to cardiovascular disease by elevating blood homocysteine levels. Vitamin B_6 may even control how steroid hormones, such as estrogen, interact with DNA in the body. Lastly, vitamin B_6 is vital in the nervous system for the formation of neurotransmitters—chemicals that control nervous system activity. From this abbreviated list of B_6 functions, the importance of vitamin B_6 in keeping the body in top shape is obvious.

"Controlled studies to test the efficacy of B_6 for the treatment of gastrointestinal problems have not yet been done. Medications, such as corticosteroids, anticonvulsants, estrogens, penicillamine, hydralazine, sulfasalazine, and even caffeine, affect the body's ability to absorb and use vitamin

"Uh, Edna, when you suggested going for a walk..."

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B_6 and, ultimately, could result in a secondary deficiency of vitamin B_6. Primary vitamin B_6 deficiency is rare because most foods contain B_6.

"For some people, taking vitamin B_6 does have a calming effect and may help them to sleep better. The biochemical basis for this lies with vitamin B_6's involvement in the synthesis of serotonin, a neurotransmitter involved in inducing sleep. Although the feeling of tiredness in the morning could result from inadequate sleep, it may also be related to inefficient carbohydrate metabolism (synthesis and digestion of glucose), which again requires vitamin B_6.

"As for the bile reflux problems you mentioned, vitamin B_6 is involved in bile formation through the synthesis of a compound called *taurine*. Such bile reflux problems may be helped by taking extra B_6; however, the scientific work that has been done in this area is still inconclusive.

"Symptoms of vitamin B_6 deficiency include tiredness, irritability, depression, and confusion."

Surgery to Help Urine Flow

Dear Dr. SerVaas:

My husband, age 75, had a diagnosis of meatal stenosis. About a year ago, he had a meatotomy (an incision of the urinary tract opening to make it larger) because the flow of urine was stopping. He takes blood pressure medicine (Dyazide and Prazosin). Otherwise, he is in good health.

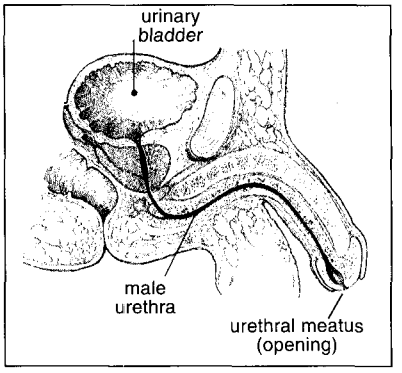
Now he is scheduled for outpatient surgery again.

What causes this problem, and what can be done to keep it from coming back again? Can you enlighten us?

Goldie Toothman
Lima, Ohio

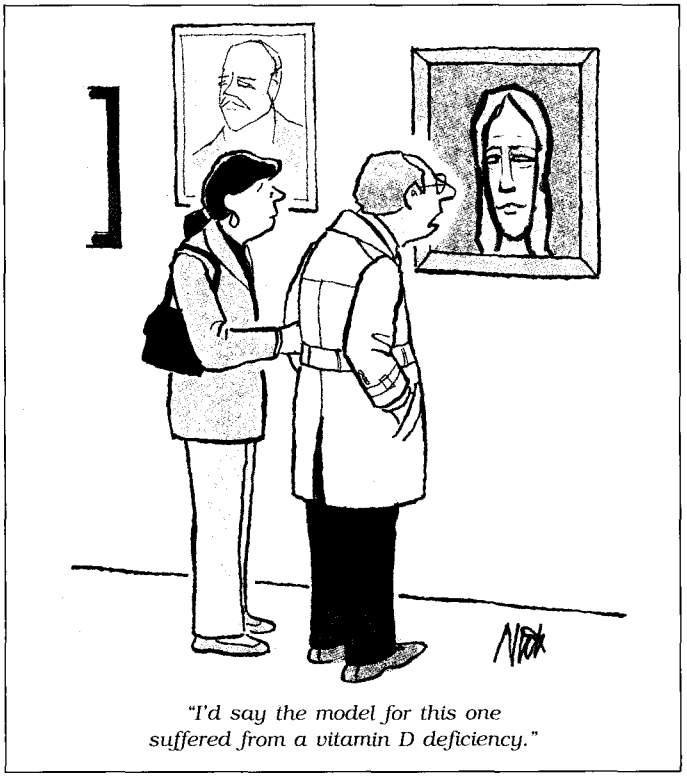
Dr. Phillip G. Mosbaugh, a genitourinary surgeon in Indianapolis, responds to your questions:

"Urethral meatal stenosis describes an abnormal narrowing of the urethral opening, or meatus. It occurs most commonly in young boys who have undergone neonatal circumcision. Removal of the protective prepuce leaves the meatus exposed to the irritative effects of the wet diaper. Inflammation, in turn, may result in scarring and partial closure of the opening. This complication occurs in about one to two percent of circumcised males. Symptoms are more likely to include frequency and urgency rather than diminished or slow urine flow. Treatment, if indicated, is ventral slitting (meatotomy) under local or general anesthesia.



Abnormal narrowing of the meatus, brought on by inflammation, infection, or tissue trauma, can usually be corrected by surgery.

"In adults, urethral meatal stenosis is actually quite rare. Prior inflammation, infection, or trauma from indwelling catheters or surgery may all result in scarring, with partial closure of the meatus. A ventral meatotomy is usually corrective, but sometimes more extensive surgery is required to prevent recurrent narrowing. If recurrent closure does occur, simple self-dilation on a daily or frequent schedule may help keep the urethral meatus open. The condition should pose no serious health threat unless associated with frequent or recurring urinary tract infections."



"I'd say the model for this one suffered from a vitamin D deficiency."

Local Laws Can Prevent Tobacco Sales to Minors

In 1991, the city of Indianapolis put into effect a law requiring businesses selling tobacco in Marion County, Indiana, to obtain a license, costing $50 a year. Selling tobacco without a license carries a fine of $45—but violating other provisions of the law, including selling tobacco to minors, carries a fine of $500 for the first offense and $1,000 for the second. This is nothing to fear compared with the possibility of losing their license to sell cigarettes.

A survey conducted last year by Doctors and Lawyers for a Drug-Free Youth (DLDFY) indicates that the law's teeth have taken a considerable bite out of cigarette sales to kids. Indianapolis was one of 93 communities surveyed in 38 states—*and the only one in which none of the 20 randomly selected businesses in the city were caught selling cigarettes to the 16-year-old boys and girls employed by the survey team.* In the other 92 communities nationally, 77 percent of the 2,000 stores surveyed sold cigarettes to the underage volunteers. In 15 cities, including Las Vegas, Kansas City, and Philadelphia, *all* surveyed stores sold to minors.

Many of the stores in Indianapolis post signs informing customers that selling tobacco products to anyone under age 18 is a violation of the law. Some stores also routinely ask for proof-of-age identification cards. While praising the city for passing the survey successfully, Dr. Luke Burchard, chairman of DLDFY, was troubled by what they found in other cities. "With tobacco killing 1,000 Americans every day and up to 90 percent of cigarette smokers starting their addiction before the legal age of 18, we must take this issue more seriously," he declared.

For a copy of the successful Indianapolis ordinance, write to: "Medical Mailbox," 1100 Waterway Blvd., Indianapolis, IN 46202.

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When you're booking a flight, don't forget to consider that your jet lag will be less if you don't breathe the polluted air of smokers in your cabin. Consider flying Delta, Northwest, or any other airline that can get you there without a nicotine jet lag from the excess carbon monoxide in the cabin. Ask before you buy a ticket.

Narcolepsy: A Lifelong Disorder

Dear Dr. SerVaas:

I have a relative diagnosed with narcolepsy. She started having symptoms a few weeks after the birth of her second child and is under a lot of stress. She is unable to work (a teacher) at present and refuses any medication. What causes this illness? What can be done? Is this a permanent problem?

Lydia Matusek
Wharton, Texas

Narcolepsy is a bewildering, dramatic sleep disorder characterized by recurrent, unpredictable attacks of sleep, persistent daytime sleepiness, and overall lack of energy. Symptoms of narcolepsy are related to the stage of slumber called REM (rapid eye movement) sleep. Most people experience several stages of deepening sleep (70 to 80 percent of total sleep time) followed by REM in an average of five to six cycles each night. In contrast, narcoleptic sleep involves considerably less restful slumber and an almost instantaneous plunge into the REM state, during which most dreaming occurs.

After waking, fragments of REM sleep continue to occur inappropriately

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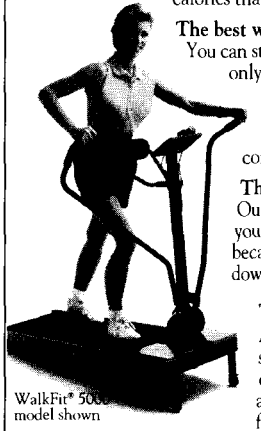

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throughout the day. In ways not yet understood, the uncontrollable desire to fall asleep may strike many times in a single day, lasting minutes or hours. The narcoleptic person may awake refreshed, only to fall asleep again in a few minutes. Cataplexy (sudden loss of muscle tone), sleep paralysis (temporarily being unable to move just when falling asleep or immediately on awakening), and intensely vivid dreams may also be experienced. When sleep has partially overtaken the brain, people with narcolepsy often perform routine activities without remembering them.

Although a genetic predisposition seems to exist, affected individuals report that the initial onset of symptoms can be triggered by psychological, environmental, and other forms of stress, such as illness or an accident. Any intense stress can trigger narcolepsy. No direct health problems have been linked to this disorder. However, falling asleep uncontrollably can pose obvious, possibly life-threatening, dangers. Narcolepsy is lifelong and, by its nature, can disrupt the victim's education, employment, and family and social life.

Physicians sometimes prescribe stimulants to help keep the narcoleptic individual alert or tricyclic antidepressants to inhibit REM sleep. Niss Ryan, president of the Narcolepsy Network (NN) tells us that she personally uses acupuncture to help control her symptoms of narcolepsy. Scheduled daytime naps are beneficial in some cases, and many people report that some foods affect their narcolepsy symptoms more than others. Specialized sleep-disorder treatment and research centers exist across the country. For further information and to locate the sleep-disorder center nearest you, write to Narcolepsy Network, P.O. Box 1365, FDR Station, New York, NY 10150.

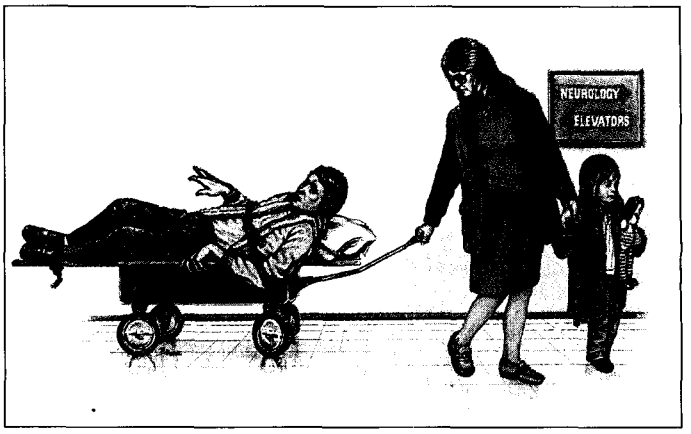
Huntington's Disease Doesn't Discriminate

Dear Dr. SerVaas:

I am interested in information regarding Huntington's chorea. It seems as though I read an article in *The Saturday Evening Post* some years ago on the subject. I remember the article stated that the disease was hereditary, and at that time, it seemed that only men were affected. However, at this time, I have been made aware that women also have the malady.

Norma J. Foster
Macomb, Illinois

Huntington's chorea, or Huntington's disease (HD), is an inherited brain disorder affecting approximately 30,000 American men *and* women. The term "chorea" is Greek for "dancing," describing the involuntary flailing, jerking movements characteristic of the disease. For reasons not yet known, certain portions of the brain progressively deteriorate, or shrink, in those with HD, leading to personality changes and increasing forgetfulness over a 10-to-25-year period. The disease, presently incurable, affects both mental capability and physical control as HD gradually diminishes the person's ability to think, speak, and walk.



At Indiana University, an important Huntington's research center, a patient with involuntary and uncontrollable movements was brought into the clinic on his child's wagon. His child will have a 50-50 chance of developing Huntington's disease.

The long-sought Huntington's gene was located in 1993, and testing of presymptomatic, high-risk individuals is available at specialized HD testing centers. Early diagnosis is particularly important with this condition because, although the defective gene is present at conception, symptoms are usually delayed until the mid-30s or later. By this time, the unsuspecting victim may have had children and passed on the HD gene. Each child of an affected parent has a 50-50 chance of inheriting the gene, and eventually developing the devastating disease. Most physicians encourage men and women with the HD gene who want to have families to investigate alternative solutions with fertility specialists.

Scientists have discovered the Huntington's gene contains the DNA code for *huntingtin*, a previously unknown protein produced in nearly every cell of the body. Clues to its vital function recently emerged when mice embryos, bred to produce no huntingtin, died a few days after conception. For HD sufferers and carriers of the HD gene, further research into the huntingtin protein may produce an effective treatment or cure sometime in the future.

For a list of testing centers, contact the Huntington's Disease Society of America, a nonprofit national voluntary health organization dedicated to sponsoring research, education, and family-services programs nationwide: Huntington's Disease Society of America, 140 W. 22nd St., 6th Floor, New York, NY 10011-2420, 1-800-345-HDSA.

"I'm having my complete physical exam next week, and I'll need new clothes to take off."

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Lysine Experience

Dear Dr. SerVaas:

Several years ago, I read about lysine in the *Post,* and since I have always been plagued with herpes—fever sores and canker sores—thought I'd give it a try. I take one a day and haven't had a fever sore for ages!

But there is another plus. I have read it is good for shingles as well.

Coming back from a trip to Hawaii, I was miserable on the long plane ride. The pain in my right arm and hand was excruciating. Within three days, I had seen a doctor and treatment was underway.

Within three months, I had no more symptoms. I have friends who took much longer to get over it—and still have recurrences of the shingles.

I attribute my success to having built up my system with lysine for a few years previous.

Mrs. H. F. Reheis
Monticello, Georgia

See articles on pages 50-57 for updates on herpesviruses and lysine.

Cherries for Gout

Dear Dr. SerVaas:

Realizing the truth in the saying "different strokes for different folks," I am constrained to tell you the story of my husband's gout. Somewhere in one of my various health/vitamin/natural cure books, I ran across a statement that cherries were good for gout. So I began buying cherries—first any kind, but for the sake of flavor and palatability, we opted for the dark red cherries. As long as my husband eats seven to ten cherries per day (and accompanying juice), he is completely free of the problem.

Further, we had a neighbor across the street who was dying of liver cancer, in addition to which the poor fellow got the gout. He started the cherries diet, and the gout went away.

So I do not know whether cherries are a universal cure for gout, but they certainly work for my spouse. They are pleasant to eat and seem to solve the problem with no side effects. *Vive les* dark red cherries!

Mrs. Orval Q. Matteson
Jacksonville, Alabama

Where Do You Think You Are?

(answers from page 80)

(Theme: Merry Christmas)

1. Kingston, MS
2. Christmas, AZ
3. Santa Claus, IN
4. Star, ID
5. Turkey, NC
6. Wisemen, AK
7. Bells, TN
8. Virgin, UT
9. Noel, MO

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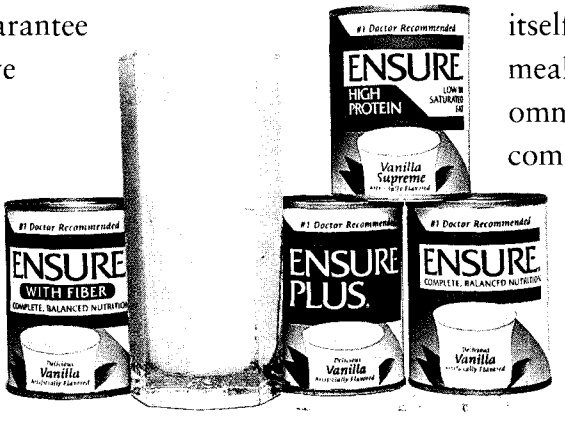

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